

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS

14 June 1997

Council to tighten
up election rules?

New obligation targets
collection and delivery

Safe medicine storage
highlighted in survey

A positive
step to later
life for the
older woman



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At the Royal Pharmaceutical Society's annual meeting last month, members were told that Council would be considering, at its June meeting, what action to take in the light of the judicial review won by Boots the Chemists earlier this year against a decision of the Statutory Committee. This month's Council report duly contains a new Obligation under the Code of Ethics, clearly promulgated and indicating that the Society has not changed its mind about what it considers to be acceptable parameters for collection and delivery services. Pharmacies involved in such services will, no doubt, want to read the Obligation carefully, and determine if they need to revise the type of service they offer, or are asked to provide by patients.

The Council, by all accounts, devoted little time to the issue last week. The Statutory Committee has no plans to rehear the case. The High Court did not require it to do so, and Council will not ask it to redetermine the original complaint. The episode has, therefore, had a line drawn under it ... unless, armed with its new Obligation and a continuance of the services which sparked the confrontation, the Society decides to have another go. There is an important point of principle at stake. The Society believes dispensed medicines should be given directly to the patient, face to face, wherever possible. This is where patient counselling, the value that pharmacists put into medicines supply, is added in. If anything else becomes the norm, it is but a short step to a mail order service backed up by a 24-hour patient helpline. The Society is determined that patient care should not be undermined in such a way. For some companies, particularly those with experience in home delivery and well developed IT skills, it might seem a logical development, but for retailers, who rely on footfall for business, any move to push community pharmacy down this road beggars belief.

CHEMIST & DRUGGIST

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Society complains to BPA

The Royal Pharmaceutical Society has complained to the Boots Pharmacists' Association about the way it canvassed for Ted Smith, a Boots' area manager, who headed the poll in this year's Council election. Council is also to review the election procedures with a possible tightening of the rules for next year.

A letter from the Society's secretary and registrar, John Ferguson, to BPA chairman Peter Walker said that Council members had been concerned with the way the Association had apparently ignored the election rules. All candidates had promised to comply with the approved procedure and Council had accepted Mr Smith's confirmation, at last week's meeting, that he had done so.

"It was clear to the Council, however, that the BPA had taken

a definite decision not to comply with the procedure which other organisations had consistently observed," wrote Mr Ferguson. He pointed out that the whole nature of the election would change if pharmacy organisations and publications, such as *C&D*, endorsed certain candidates or urged people not to vote for them. If canvassing were allowed, candidates with the greatest financial backing would have a considerable advantage.

The letter added that the code of conduct for Council members stipulates that they must not seek to influence Council business for the benefit of any individual, body corporate or association, rather than for the benefit of the profession as a whole. "Against that background, you can see how embarrassing it must have been for Mr Smith to

be described in the Newsletter of the JBPA as an 'eminently suitable BTC candidate' or 'a voice on Council in support of Marshall Davies'."

Council felt that the BPA's action was "unfortunate and unacceptable and not what would have been expected from members of the profession", the letter said, and concluded by seeking assurance that the Association would comply with the election procedures in future.

In reviewing the procedures, Council hopes "to continue its policy of encouraging more members to vote and to ensure that those members who do vote are as well informed about all the candidates", says Mr Ferguson.

Mr Walker told *C&D* that the BPA's executive committee would be discussing the letter at its next meeting on July 2.

Celebrate the half century

Preparations for celebrating 50 years of the National Health Service next year are well under way. At a briefing to discuss plans for the anniversary year, Alan Langlands, chief executive of the NHS, called for participation at a local level and encouraged "discussion of dilemmas and opportunities with the public who own the service and health professionals".

Plans for the anniversary include: an international conference at Earls Court (July 1-3, 1998), organised by the NHS Confederation and the Institute of Health Services Management; NHS Day on Sunday July 5, 1998; an inter-faith Act of Celebration at Westminster Abbey on July 3; an anniversary website, which plans to open on January 1, 1998; and special commemorative postage stamps issued at the end of June next year.

NHS 50 Anniversary initiatives are supported and co-ordinated by a national liaison steering group. Further information on plans to mark the anniversary can be obtained from Chris Walker at NHS 50 on 0113 254 5830.

New Age to breed new self-confidence?

The new president of the Royal Pharmaceutical Society is hoping that the 'New Age' initiative will help make the profession more self-confident.

Peter Curphey, who was elected president at last week's Council meeting, suggested that the profession needs to be more assertive about promoting itself.

Rather than letting others take the credit "we should be saying we know we are good [at what we do]", he told *C&D* on Tuesday.

Asked what he is planning for the year, he replied: "I think the time for presidents having themes may be past" and that he would be continuing to support the 'New Age' initiative.

He is concerned that too few pharmacists are participating in the 'New Age' to make it viable. "We have to get enough on board to reach a critical mass. Without it, the profession doesn't have the self-confidence to carry through the changes," he said.

"The 'New Age' process is driving forward a lot of the basics of the profession. In the end, we want professional self-confidence and patient satisfaction. If we don't solve the problem in the next 12-24 months, the profession will not disappear, it will just become less relevant."

Intra- and inter-professional co-operation will also be looked at. Mr Curphey stressed that there is no rift between the Society and Pharmaceutical Services Negotiating Committee.

Methadone supervision success

Methadone-related death rates have remained steady in Glasgow compared with a national trend upwards thanks, in part, to the supervision of addicts' methadone by 130 pharmacists.

"Although the number of addicts in the Greater Glasgow Health Board area has increased substantially from 200 in 1993 to 2,500 this year, there has been no increase in addicts' death rate," says Dr Laurence Gruer, addiction co-ordinator for the GGHB.

For the first five months of this year, there were 11 drugs overdose-related deaths reported to Glasgow police, very few of which involved methadone. This compares with 35 in the same period in 1996 and 36 in 1995.

GGHB was the first health board in Britain to adopt a large-scale organised supervision scheme. It is in the process of setting up the final arrangements for pharmacists' fees, linked to the number of supervisions carried out.

Participating pharmacists use their judgment to determine the number of addicts that their pharmacy can reasonably cope with - for most this is about 20. GPs have been given a list of pharmacies that have a supervised administration service.

Supervision has helped stabilise chaotic drug users, and reduce the amount of methadone 'leakage' onto the black market.

Dr Gruer believes doctors are more prepared to prescribe higher methadone doses now that pharmacists are supervising.

"There is a lot of evidence that there are much poorer results if you give too low a dose, as people may be topping up on heroin if they cannot overcome the craving," he said.

He added that there will shortly be a major article in the *British Medical Journal* which will give details of the scheme and also point out the contribution that pharmacist supervision makes.

Lothian Health Board is investigating the viability of supervised methadone administration in pharmacies in its area. It has put in a bid for £350,000 to the Scottish Office, which has \$1 million to fund health board services, to pay for pharmacists to supervise methadone consumption and to support GPs in the care of drug addicts.

● New Department of Health guidelines on drug dependency, 'Clinical guidelines in Drug Dependency for Doctors', are being prepared for publication in September. It is understood that the document will include a section for pharmacists, which talks about their role in supervised consumption of methadone, their role as a frequently-visited healthcare professional, and drug dependency training for pharmacists.

The Royal Pharmaceutical Society has made a representation to the Department of Health working party and has its own working group looking at the 'role of pharmacists in providing services to drug users'.

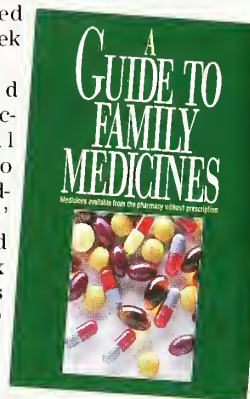
C&D publishes family OTC guide

'A Guide to Family Medicines' is published this week by *C&D*.

Based on the successful 'Guide to OTC Medicines' issued every six months to *C&D* subscribers, the family guide provides comprehensive information for consumers about licensed medicines intended for sale over the counter.

The 244-page illustrated paperback book provides information on products in 40 sections, as well as giving advice and reminders on the illnesses suitable for self-treatment. Emphasis is placed on asking the pharmacist or the GP for further advice.

Initially, the guide will be available as an exclusive reader offer through *The Express*, priced at \$4.99.



Pharmacist and GP asthma partnership

Pharmacists and GPs in Hastings, Rother and Wealden have teamed up in a pilot project to improve the management of asthma.

The six-month project, which started in February, is being funded by East Sussex, Brighton & Hove Health Authority.

"The project is breaking down traditional barriers," says nurse adviser Marilyn Eveleigh, who chairs the East Sussex Asthma Advisory Group.

"The GPs agreed to the project because they recognised the breadth of the pharmacist's role as a frontline contact with patients," she says.

The ten pharmacists involved have been asking asthma patients who come in with prescriptions whether they wish to take part in the study. They aim to contact 300 volunteers.

Patients have been asked about their asthma therapy and, where necessary, have been given additional advice, information, or referred back to their GP for review. There are 12 GPs in the project.

"I thought many patients didn't have a proper inhaler technique before the project. But now I believe patients' knowledge is better than I had originally thought," says pharmacist Raymond Yau, Safeways Pharmacy, Crowborough, East Sussex.

I'M SORRY SIR CHARLES, BUT PRETENDING TO BE POOR DOESN'T EXEMPT YOU FROM THE PRESCRIPTION CHARGE.



DoH considers script levy for pensioners

Health ministers are considering means testing over prescription charges, including pensioners, as part of a sweeping review of Department of Health spending.

The Treasury's commitment to freezing total health spending at the tight level set by the previous Tory administration has sparked a fundamental review of the DoH budget. Health secretary Frank Dobson is keen to find ways of

saving money from his budget to redirect into frontline patient care.

Senior Department sources said that the review would look at all parts of the budget, including prescription charges, from which pensioners are currently exempt.

A move to make wealthier pensioners pay charges might yield up to \$50 million, according to

some estimates. A Downing Street spokesman said last week: "I am not in a position to rule it out." A report in Tuesday's *Daily Mail* suggested that pensioners with annual incomes of over \$11,232 if single or \$21,632 if married could be affected.

The review is at an early stage, and DoH sources insisted that no final decision on charges had been made.

New Obligation approved

The Royal Pharmaceutical Society's Council has approved an additional Code of Ethics Obligation on the use of collection points for the supply of dispensed medicines.

The Obligation, under principle one of the Code, states: "Dispensed medicines should normally be supplied directly to the patient or his carer in the pharmacy, where there is an opportunity for face to face contact and the pharmacist has access to records and references which enable him to provide the best

pharmaceutical service. Whenever medicines are delivered to a patient's home, the service must be in compliance with the requirements of the Code of Ethics. Other requirements for the supply of dispensed medicines are professionally acceptable only in exceptional circumstances, where neither collection from the pharmacy nor home delivery is possible."

The Society's director of legal services, Sue Sharpe, understands that the Statutory Committee has no plans to rehear the

complaint about Boots the Chemists' collection and delivery services in Durrington, Wiltshire, and Winterton, South Humberside. Council made no proposals at this month's meeting to ask the Committee for a redetermination of the original complaint. In February, a High Court judge overturned the Committee's verdict of misconduct against the company (*C&D* February 22, p4).

The new Obligation is intended to clarify acceptable procedures for collection and delivery.

● Council report, p6.

Dr Roberts' second vote of confidence

The Dispensing Doctors' Association could be in further disarray after a second postal ballot voted overwhelmingly in favour of chairman Dr David Roberts.

In response to the question 'Do you agree that this Association has no confidence in Dr David Roberts?', 648 members voted no, while only 253 voted yes.

Asked if he would be staying on, Dr Roberts thought it difficult to see himself doing anything else. However, some members have criticised the postal ballot for being unconstitutional.

At an extraordinary general meeting of the DDA last month, members registered a vote of no confidence in Dr Roberts over his refusal to negotiate with pharmacists (*C&D* May 17, p5). A postal ballot organised by Dr Roberts' supporters was sent out by Electoral Reform Services the day before the meeting.

An earlier letter sent to the DDA's 2,000 members, asking if they still supported him, attracted 917 replies, of which 880 wished him to continue.

Keep a lookout for this month's Update question paper

Enclosed in this week's issue is the questionnaire for **Pharmacy Update** modules in May:

- Allergic rhinitis (51)
- Malignant melanoma (52)
- Snoring (53)
- Benign prostatic hyperplasia (54).

Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 44791 (premium rates apply). Internet users can access the dotpharmacy site

(<http://www.dotpharmacy.com>) which has a library of previous modules and questionnaires.

A telephone marking service is available for a fee of £12.50, plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

Mersey LPC day

The Mersey Association of Local Pharmaceutical Committees is inviting all pharmacists to its first regional conference, 'Can you survive in the NHS?', this Sunday (June 15) at the Haydock Thistle Hotel, commencing at 1.00pm. Chief pharmacist Bryan Hartley will be speaking. Contact Jeremy Clitherow on 0151 230 0313 for more details.

Homoeopathy regulations

Regulations coming into effect on June 30 specify certain homoeopathic veterinary medicines which may be sold or supplied other than by, or under the supervision of, a pharmacist. They are the Medicines (Registered Homoeopathic Veterinary Medicinal Products) (General Sale List) Order 1997 (SI No 1347, Stationery Office, £1.30) and the Medicines (Pharmacy and General Sale Exemption) (Amendment) Order 1997 (SI 1350, £1.10).

NI stats

There were 1,691,706 items dispensed from 1,021,008 forms in Northern Ireland in March, 1997. The ingredient cost was £15.99 million (£14.97m net) and oncost fees and other payments were £2.72m, making a gross cost of £17.69m (17.19m net). The gross cost per person was £10.4468, the gross cost per form was £17.3223, the gross cost per prescription was £10.4546, with an ingredient cost per prescription of £9.4511 before discount or £8.8462 net.

Sun know-how

The Pharmacy Healthcare Scheme has issued a leaflet on sun protection, based on the Health Education Authority's 'My back is killing me' skin cancer awareness campaign. Pharmacies should receive 40 leaflets, a dispenser and guide. Additional leaflets may be ordered on 01222 681262.

Sainsbury's sundowners

Supermarket chain J Sainsbury has reduced all branded sun care products by 25 per cent for a month. It is also pricing its own-brand at £4.99 for 200ml sizes of any SPF. The Co-Op announced last month it would be reducing sun care product prices until September (*C&D* May 10, p4).

National Condom Week

This year's National Condom Week will run from August 4-10. Durex will be co-ordinating the week, taking over from the British Safety Council.

Lock away pills, urges RPSGB

Eight out of ten parents of young children store medicines in the home without locking them away, according to the Royal Pharmaceutical Society.

The finding is part of an RPSGB survey of more than 2,000 adults, which it hopes to use to reduce the number of children poisoned each year by medicines in the home.

The safety campaign is being backed by BBC television journalist Nicholas Witchell, whose daughter, Arabella, spent three days in intensive care last winter after swallowing her grandmother's digoxin tablets.

Mr Witchell and RPSGB spokesman Roger Odd will feature in a syndicated radio interview which is being distributed

to 30 radio stations nationwide on June 10.

Mr Odd will also be speaking on Radio 4's 'You and Yours' and on GMTV. Society PR officers will be distributing posters and information in pharmacies, schools, libraries and town halls.

Parents' favourite unlocked hiding places are drawers and cupboards (68 per cent) and bedroom cabinets (21 per cent). The favourite rooms in the house for storing medicines are the kitchen (73 per cent) and bathroom (36 per cent).

● An inquest was held in London this week into the death of a 15-month-old boy after he drank 4ml of methadone prescribed for his mother, said a report in Wednesday's *Times*.



Backing the campaign: the BBC's Nicholas Witchell and family

GI prescribing on increase, says PPA

Prescribing for gastro-intestinal problems has increased 14 per cent over the past four years, according to the latest PACT report from the Prescription Pricing Authority.

However, the PPA says there is little evidence to suggest there has been any recent increase in GI disease. GI products remain the second highest therapeutic area in cost terms, with ulcer-healing drugs accounting for nearly 10 per cent of annual prescribing costs, or about \$450 million, in England.

Overall, the cost of GI drugs has risen 45 per cent in the last four years. The largest increase

has been among ulcer-healing drugs, up over 50 per cent to over \$120m.

In the ulcer-healing drugs, H2 antagonists peaked at the end of 1994. Ranitidine remains the most commonly prescribed, followed by cimetidine, with only nizatidine of the newer H2 antagonists showing any significant increase. Famotidine is declining. There has been a 12 per cent decrease in costs over the past four years. Ranitidine has 62 per cent of usage but 78 per cent of costs. Cimetidine, with 28 per cent of usage accounts for 11 per cent of costs.

Since 1994, the rise in usage

numbers of ulcer-healing drugs has been due to proton pump inhibitors, which now account for 58 per cent of costs. Usage of PPIs has increased fourfold.

Dyspepsia accounts for about 5 per cent of doctor consultations. Among the antacids, Gaviscon remains the most commonly prescribed.

Among laxatives, lactulose is the most commonly prescribed, but danthron is rising with a disproportionate increase in costs. Senna prescribing is also up.

'PACT Standard Report' (BNF version no 32, quarter ending March, 1997). The Prescription Pricing Authority.

Unipath says sorry with help of NPA

Unipath is working with the National Pharmaceutical Association to introduce an education initiative aimed at independents.

The programme will address the concerns of a number of pharmacists who questioned Unipath limiting distribution of its ovulation testing kit, Persona, to Boots for the first year of sales.

Talks between the NPA and Unipath have been going on for the past two to three months. Details of the plans have yet to be announced.

Unipath's UK sales manager, Steve Hall, says: "We are extremely pleased that the NPA has agreed to help us create this long-term programme of support and again apologise for the way in which our initial distribution programme distressed the community pharmacy profession."

Rural reports provide 'ammunition'

Two new reports on the benefits of rural pharmacies should provide useful ammunition for those seeking to open in rural areas, speakers at a press conference suggested last week.

Toby Harris, Association of Community Health Councils, said he was not surprised at the findings of a BMRB International survey which showed how the residents of Gilberdyke, East Yorkshire, came to value a local pharmacy which they had initially opposed for fear that it would affect the service provided by local dispensing doctors (*C&D* June 7, p4).

Mr Harris said people in rural areas should ideally have both a good medical service and a good pharmaceutical service. The report would be valuable for organisations such as health authorities and CHCs.

Peter Curphey, the Royal Phar-

maceutical Society's president, agreed that rural patients were at a disadvantage if they did not have access to a full medical and pharmaceutical service. He also launched the Society's new booklet, 'The best for patients countryside', which explains the benefits of rural pharmacies.

David Plumb, chairman of the Rural Practices Standing Committee, said there were now two surveys which showed how public opinion changed from hostility to appreciation when a rural pharmacy opened. The first, in 1991, was carried out in Debenham by East Suffolk CHC.

The latest independent evidence, using strictly controlled market research methods, would be a useful contribution in future debates on pharmacy openings and would help counteract 'scaremongering' about the damage a new pharmacy might do.

PHARMACIST PEN PORTRAIT

Patricia Oakley



● **Qualified** in 1976, after graduating from Portsmouth and doing her pre-registration at the Royal Free Hospital in London.

● **Career** Pat worked in several London teaching hospital groups as a basic and senior grade pharmacist before becoming chief pharmacist at St Stephen's Hospital in Chelsea (now Chelsea & Westminster Hospital). She specialised in oncology and AIDS, and helped set up the clinical pharmacy service for AIDS patients in the early 1980s. She then studied for a Masters degree in economics, corporate finance and organisational behaviour at London Business School, and joined the North Thames Region Manpower and Pay Policy Unit, of which she later became head. She is studying for a doctorate in occupational psychology at Birkbeck College, London University.

● **Projects** Patricia helped to set up and launch a private policy research and development company, which employs ten people with over 200 private and public sector clients. Many of the projects she advises on are pharmacy-based. She is a postgraduate teacher at Warwick University and Imperial College, and is about to take up an appointment at Clore Management Centre, Birkbeck College.

● **Committees** President of the UK's Association of Health Human Resource Managers, a non-executive of the English National Board and on the editorial board of the Institute of Health Services Managers' monthly magazine.

● **Interests** Writing articles and researching problems.

● **Outlook on life** Work hard and don't be afraid to change. Take a few risks now and then.

● **Pharmacy philosophy** Pharmacy cannot stand still – it needs to develop a more integrated service using the strengths of both community and hospital specialists. Primary care will change. Other groups will develop new ways of working. The pharmacy service needs to be developed as part of the wider developments going on in health, especially if it is to keep its workforce motivated and in the system.

Topical Reflections

The power of endorsement

I do not know how many patients pick up leaflets in doctors' surgeries, but it seems that those who do, and who are prepared to return a questionnaire to a research company, demonstrate a high response rate to the subject of the leaflet (*C&D* June 7, p4).

This is hardly a mind-blowing result, given that the respondents have all self-selected and then voluntarily responded to the questionnaire, but what is interesting is that of these responses, 75 per cent assumed that the doctor was endorsing the displayed information.

Now this may seem an unimportant survey for community pharmacists, but what it highlights is that there is a direct relationship between the credibility of displayed information and its source. In the case of pharmacies, this awareness may be diluted by a more commercial environment, but nevertheless I am sure a similar survey would also demonstrate a high accepted rate of professional endorsement.

I display many leaflets, not only from official health education sources but many from OTC and other commercial companies, which provide both helpful advice and advertise specific products. Some of this information may be contrary to my professional opinion, but until now I had not realised its significance and how important my *de facto* endorsement could be in influencing my customers purchasing habits.

It seems that a critical clear-out of my leaflet display is required, and next time the



rep says: "Can I leave you a few leaflets?" I will be more careful before accepting their considerate offer!

It paid to be on the rota ...

In my area, most official rotas are a service from the past, because most pharmacies now voluntary stay open until 7.00pm and the superstores operate pharmacy services until they close at 10.00pm. The problem is there is no co-ordination of these opening hours and no requirement to adhere to them.

The other night, I received a phone call at home after 7.00pm from a patient who had been directed by the surgery to another pharmacy open until 7.00pm, but which was closed. I helped out, but I was very, very annoyed!

I realise that these situations rarely happen and it was my bad luck that night, but it reminded me that a system that worked well for years and provided a controlled and remunerated pharmaceutical service for the whole area has been destroyed by the greed of a selfish few.

We all now work unnecessarily longer hours to compete, but insult is added to injury when something goes wrong. Because it is you and I who have to sort out the problem, and all for free!

When the money starts to run out

I have just been told that my fees for providing advice to residential and nursing homes will be cut this year because the Health Authority has too little money to pay for the increased service contractors are providing.

It seems that the money for homes advice, oxygen service and what is left of the rota has now been pooled into a single devolved cash-limited budget. The cold truth is that the increased demand on contractors has meant that there is not enough to go round at last year's agreed prices!

This situation is a direct result of the unilateral abandonment of the cost-plus contract by the last Conservative Government, but, paradoxically, has only been brought into sharp focus by its obsession for local budgeting.

When all monies were part of the nationally apportioned global sum, it was difficult to identify the shifting of resources from one service to another, but now that local health commissioners are responsible for a part of this budget it is very easy to see how the sums do not add up.

Contractors are being asked, and are providing, increased services, but the money to pay for those services has not been made available. The funds cannot be transferred from the remaining global sum because this would reduce the dispensing fee below its present derisory amount. There appears to be no alternative other than new money or a cut in service.

The new Government has not yet disclosed its intentions, but the choices are stark. If new money is not forthcoming, I would have no hesitation in matching the service I am able to provide to my homes to the money presently available.

SCRIPTspecials

Medihaler-Epi recall

3M Health Care is recalling its Medihaler-Epi inhalers with the batch number 96H01 following the failure of some to meet stability standards. Users have been instructed, via the national press, to return affected inhalers to their pharmacist for replacement. Pharmacists should dispatch returns to their supplier for credit or replacement. The affected batch was first sent out last December. (Class 2 alert issued June 9.)
3M Health Care. Tel: 01509 611611.

Cardene SR recall

Roche is recalling Cardene SR capsules 45mg batch no 96C54A after a report of a carton found to contain 30mg capsules. Pharmacists are asked to return stock from batch 96C54A to J Millward at Roche Products, Welwyn, for credit or replacement. (Class 2 alert issued June 11.)
Roche Products. Tel: 01707 365363.

Pharmorubicin error

Pharmorubicin Rapid Dissolution for Injection 10mg, 20mg and 50mg carries a typing error in the physician's leaflet. Under the instructions for intravenous administration, the phrase 'a dose reduction of 30mg is advised' should read 'a dose reduction to 30mg is advised'. (Class 4 alert issued June 11.)
Pharmacia & Upjohn. Tel: 01908 661101.

Ultiva from Glaxo Wellcome

Glaxo Wellcome has launched Ultiva Injection (remifentanyl), a new esterase-metabolised opioid anaesthetic. It has a rapid onset and offset of action, which leaves patients clear-headed minutes after surgery and reduces the need for recovery in intensive care.
Glaxo Wellcome UK. Tel: 0181 990 9000.

Elleste Duet 1mg

Searle has introduced Elleste Duet 1mg (3x38, £9.72) in addition to the existing 2mg presentation to suit women who cannot tolerate high-dose oestrogen. Each monthly pack contains 16 tablets of oestradiol 1mg, and 12 tablets of oestradiol 1mg and norethisterone acetate 1mg. Elleste Duet 1mg is indicated for the treatment of menopausal symptoms only.
Searle. Tel: 01494 521124.

New-strength Cipramil for panic disorder

The antidepressant Cipramil (citalopram) is now available in a 10mg strength to meet its new indication for panic disorder with or without agoraphobia.

The starting dose for panic disorder is 10mg daily for the first week, which is increased to 20mg once daily thereafter.

The dose may be increased to a maximum 60mg once daily depending on patient response, but the optimal maintenance

dose is 20-30mg daily.

Selective serotonin reuptake inhibitors, of which citalopram is one, are emerging as the first-line treatment for panic disorder, according to experts on the condition, because of their safety in overdose and more tolerable side-effects.

The new 10mg strength is available in 28-tablet calendar packs, with a basic NHS price of £12.77.
Lundbeck Ltd. Tel: 01908 649966.

Mirage's secure stoma pouches

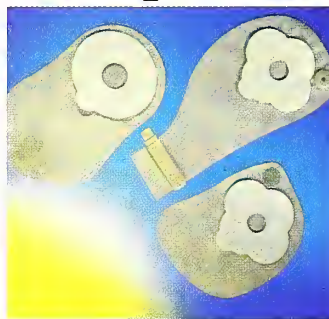
SIMS Portex has launched Mirage, a new NHS-prescribable range of pouches for colostomists, ileostomists and urostomists.

The outer material of the appliances is combined with a leak-proof barrier to provide a non-rustle, soft-edged pouch.

The pouch's flange is located in a high position to prevent sagging and visibility. The new material allows moisture to dissipate more quickly and provides an odour barrier.

A new hydrophobic filter prevents leakage and also stops water from reaching the activated charcoal which provides deodorisation.

The range comes in a variety of sizes. There are urostomy pouches (£38 for ten) and mini-drainable pouches (£56.70, 30) – those with starter holes can be



clear or opaque, but the pre-cut sizes come as opaque only. There are closed pouches (£57.30, 30), which are available with a starter hole (19-90mm) or pre-cut (25-64mm) in either clear or opaque; and drainable pouches (£61.50, 30), with similar options to closed pouches. For information or to order call Freephone 0800 525350.

SIMS Portex. Tel: 01303 260551.

MEDICAL MATTERS

Greater choice of HRT increases compliance

Offering women a greater choice of hormone replacement therapy would help increase compliance, according to speakers at the launch of Sandrena (C&D May 31), a new HRT oestradiol gel.

Although the benefits of HRT are well documented, only 15 per cent of women aged 50-65 in the UK take it. Of these, 70 per cent will discontinue therapy within one year, often without telling their GP. Reasons include skin irritation from patches, withdrawal bleeds and the 'visibility' of patches.

Dr Diana Mansour, a consultant in community gynaecology and reproductive health, identi-

fied the advantages of transdermal oestrogen as its invisibility once applied, the 'cosmetic' act of applying a gel rather than taking a tablet, its high acceptability among women, the small quantity required which is rapidly absorbed and the rarity of skin reactions. However, she admitted that the daily application, the lack of a combination (oestrogen/progestogen) gel and the fact that it is not yet licensed for prevention of osteoporosis can be viewed as disadvantages.

"Women have differing needs for HRT at different stages of their life," Gilly Andrews, a nurse specialist, told the meeting.

Livial now licensed for osteoporosis

Livial (tibolone) is now licensed for use in the prevention of osteoporosis.

It was introduced as a new chemical entity in 1991, so a considerable amount of clinical data was required before this licence extension was granted.

In one study, 100 women received either 2.5mg Livial or inactive placebo for four years. By the end of the study, bone mineral density in women receiving Livial had increased by 3.3 per cent in the lumbar spine and 1.4 per cent at the neck of the femur. In contrast, the BMD of the placebo group fell by 5.2 per cent and 4.8 per cent at these sites.

Organon says Livial is particularly attractive to post-menopausal women, because there is no need for a return to 'monthly bleeds' and this is shown by the high continuation rate of 82 per cent after four years of treatment in one trial.

Didronel PMO for corticosteroid-induced osteoporosis

Didronel PMO is now the only therapy licensed for the prevention and treatment of corticosteroid-induced osteoporosis. Previously available solely for the treatment of established vertebral osteoporosis, it has also been approved for the prevention of all common forms of osteoporosis and treatment at all sites.

Studies have shown that patients on long-term corticosteroids have double the fracture risk. One year of Didronel PMO can reverse the progressive bone loss of the hip and spine in corticosteroid-induced osteoporosis. It also prevents the rapid bone loss associated with the first six months of corticosteroid therapy.

At present, there are no firm guidelines stipulating when, and at what dose of corticosteroids, treatment with Didronel PMO should start. One physician has suggested that patients taking more than 7.5mg daily of prednisolone were at risk, but he would prefer to investigate bone density before starting cyclical etidronate. Those on high doses for six months or more should definitely receive preventive treatment.

Procter & Gamble Pharmaceuticals UK Ltd. Tel: 01784 495000.

COUNTERpoints

Exorex Lotion joins anti-eczema battle

Exorex Lotion has been granted a licence by the Medicines Control Agency for use against eczema and psoriasis of the skin and scalp.

Exorex Lotion (100ml, \$19.50; 250ml, \$34.50), which carries a GSL licence, contains prepared coal tar 1 per cent w/w in a base of esterified essential fatty acids first identified in banana peel. It was originally developed in South Africa, but is now available in Australia, the US and Canada.

A thin layer should be applied to affected areas two or three times a day and treatment is most

effective with steady application over several weeks. It does not stain and is readily absorbed into the skin.

The Exorex range also includes Cream (100g, \$17.50; 250g, \$29.50), Leave-on Conditioner (250ml, \$22.50), Shampoo (\$250ml, \$6.50), Bath/Shower Gel (250ml, \$6.50) and Soap (3x125g, \$7.50). All are hypo-allergenic and fragrance-, detergent- and colourant-free.

Plans are afoot to make the range available on the NHS.
Vital Health Innovations Ltd.
Tel: 01707 262200.

Summer sales boost for Sudocrem

Pharmax is offering a counter dispenser unit for Sudocrem in a bid to boost summer sales.

Each display unit holds nine 30g tubes of antiseptic healing cream and four 200ml bottles of baby lotion.

Pharmacists wanting a unit should contact their Pharmax representative or phone the company.

Pharmacy assistants are also advised to look out for the rep, who will be offering them the chance to enter a competition to win one of 48 Camel travel

bags, or lesser prizes of travel hairdryers and disposable cameras.

Pharmax Ltd.
Tel: 01322 550550.



Putting the spring back into suffering joints

High Strength Glucosamine & Chondroitin is a new nutritional supplement from Health Perception.

Formulated for osteoarthritis sufferers, it helps to synthesise new cartilage and to protect that which already exists.

Each tablet contains 500mg glucosamine sulphate and 400mg of chondroitin. Two tablets are recommended daily.

The container has an easy to open 'arthritic cap'. Retail price is \$14.99 for 30 tablets.

● Latest global statistics show that up to 75 per cent of over-65s suffer from osteoarthritis.

Health Perception.
Tel: 01344 890115.

Tending to skin care problems – the all-American way

New to the UK is American Hair Removal System's Tend Skin.

For unblocking ingrowing hairs and smoothing razor bumps, it has an aspirin-derived complex which constricts the hair follicle.

The product can also be used to treat razor burn, acne, cold sores, insect bites, skin fungi and cuticle infections. It has a deodorising effect and will stop the bleeding caused by razor nicks.

After any form of hair removal, it helps reduce redness and prevents the skin from 'bumping'.

Retail price is £12 for a 4oz bottle.

American Hair Removal System (UK).
Tel: 0118 932 0650.

Diocalm's national radio campaign

Diocalm is on the airwaves in a national radio advertising campaign.

Designed to raise consumer awareness of the perils of holiday diarrhoea, it mixes humour with an educational message.

Seton Healthcare is spending over \$500,000 on support, which includes a women's press

advertising campaign.

● First prize in an educationally-themed pharmacy competition for the Diocalm range is a week's holiday for two in Majorca. Twenty-five runners-up will receive a prize of a luxury beach towel. The draw will take place after August 31.

Seton Healthcare Group plc.
Tel: 0161 654 3000.

Phillips' new-look, high-potency yeast is on the brew



Phillips PTY High Potency Brewers' Yeast has a new look.

The repackaged product is formulated with extra thamin, riboflavin and nicotinic acid to supplement the B vitamins already found in brewers' yeast.

It is designed to help maintain a healthy nervous system and to help the body convert food to energy.

Available in recycleable brown bottles, it comes in 150-tablet (\$2.55) and 300-tablet (\$4.09) packs.

Free leaflets explaining the product are available from the Seven Seas' sales force for customers.

Seven Seas Ltd.
Tel: 01482 375234.

Home help guide

Weleda has published a new home guide to support its natural medicines in-store.

Free copies of the guide are available for pharmacies to give customers.

Included are sections on first aid and medicines for everyday ills, plus additional Pharmacy-only treatments.

New point of sale material for the Weleda range is available for independent retailers.

● The company is holding a special trade open day on July 13.
Weleda (UK) Ltd.
Tel: 0115 9448222.

Hot stuff

Paul Smith Marketing has been appointed by Hotties Thermal Packs as exclusive UK agent for the independent sector.
Paul Smith Marketing.
Tel: 01908 668146.

More £s for lbs

Following the success of last year's appeal for Baby Life Support Systems (BLISS) sponsored by Calpol, Warner-Lambert is supporting the '£ for lb' appeal again. The campaign will be running until August.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

1% HC
MAXIMUM
STRENGTH
PERMISSIBLE
O.T.C.

If you don't stock NEW
Proctocream HC – you won't
be sitting comfortably.



Are your customers sitting comfortably or are they just uncomfortable about their pile treatment?

Well now there's NEW Proctocream HC the first over-the-counter treatment for piles to combine an anti-inflammatory (hydrocortisone) and an anaesthetic to help ease the swelling while it stops the pain – offering your customers a unique answer to the problem of painful piles. And at just £3.89, they'll get twice the benefits without it

being double the price. With extensive point-of-sale and support material, NEW Proctocream HC will be making its presence felt, and with further activity later in the year, your customers will be left with no doubts as to the benefits NEW Proctocream HC can offer them. So when the question of painful piles is asked, the answer is simple – choose the dual action properties of NEW Proctocream HC.

Product Information. PROCTOCREAM HC Presentation: Proctocream HC. Hydrocortisone acetate 1% w/w and Pramoxine hydrochloride 1% w/w in a white cream base. **Dosage and administration:** Apply after bowel evacuation morning and night up to 4 times a day, with finger, on to affected area. For internal rectal use: Remove cap from tube and apply applicator. Squeeze tube to fill applicator and gently insert into rectum. Squeeze tube carefully to force cream into rectum. Wash applicator after each use. Not recommended for children under 18 years. **Uses:** Relief of pain, swelling, irritation and itching associated with uncomplicated internal and external piles.

Warnings: Do not use for periods longer than 7 days. **Precautions:** Should not be used by patients with known sensitivity to pramoxine or other ingredients. Not to be used in pregnant or lactating women. Compatibility with barrier methods of contraception has not been demonstrated. Seek medical advice if symptoms worsen or do not improve within 7 days. Although uncommon, local burning or itching may occur. **For external use only. Legal category:** P **Cost inclusive of VAT:** £3.89 **Product licence number:** PL 0036/0065 **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation** Jan 1997

STAFFORD-MILLER AND YOU – BUILDING BRAND LEADERS.

NUK holds a feeding bottle party

NUK has introduced a new range of brightly-coloured feeding bottles, which are designed to help prevent colic.

The bottles are fitted with a NUK size 1 orthodontic vented teat, which is suitable for babies of up to six months. The teat helps to reduce the risk of the baby swallowing air – believed to be a common cause of colic.

The NUK vent is designed to prevent the teat from collapsing to ensure an even and continuous flow of milk during feeding.

The bottles come in four designs – happy dogs, circus, flying school and party. Retail price is \$2.25.



Display stands are available for the company's complete range of bottles, teats,

soothers and feeding cups.
MM Distributors Ltd.
Tel: 01438 351341.

P&G is spot on with new facial wash

Procter & Gamble is launching a new spot care facial wash in its Clearasil range.

The company claims that a controlled clinical study showed that the product is five times more effective at helping prevent spots over an eight-week period than ordinary soap and water.

It features a deep cleansing microbead formula which unblocks the pores, allowing an active ingredient to

penetrate and kill spot-causing bacteria.

Presented in a 150ml pump action bottle, it retails at £3.99.

The launch will be supported by an intensive advertising and PR campaign, which will target boys and girls in the youth market. The campaign will communicate the benefits of daily cleansing to help stop spots every day.
Procter & Gamble UK.
Tel: 01932 896000.

Babar and friends to soothe babes

Mam will be introducing a new range of bottles and soothers featuring Babar the elephant in July.

The Mini Ulti for newborns (0-4 months) and the Ulti (4-36 months) will be available with eight Babar and friends motifs. Both soothers will retail at \$3.49.

In the bottle range, the

125ml and 250ml standard bottles will come in a variety of colours, with four designs on the smaller bottle (\$1.89) and six on the larger (\$1.99).

The products will be presented in a Babar display pack containing 12 of each soother and five of each bottle.

Mam (UK) Ltd.
Tel: 0121 326 6992.

Miners draws in new pencil lines

Miners has introduced a new selection of eye- and lip-liner pencils.

The eyeliner range includes shades of silver, gold and white. Also included are the ever-popular navy, brown and black. The pencils are formulated to smooth over the delicate eye area, giving a powerful effect in either a kohl

or liner finish.

The 12 shades in the lip-liner range have a high pigment content to give better definition.

All the products are water-resistant and colour-coded, both on the tip of the cap and the base. Retail prices, \$1.99 each.

Paul Murray plc.
Tel: 01703 268444.

LRC freshens up Sebamed range

LRC Products is adding a shower gel and two shampoos to its Sebamed range.

Sebamed Shower Fresh is suitable for sensitive skin and helps protect the skin against dehydration after exercise.

It is formulated with a combination of active substances, which leave skin feeling soft, supple and refreshed.

Sebamed Shampoo has gentle anti-dandruff action and is formulated to cleanse and care for greasy hair and scalps. It includes a nourishing protein to keep hair supple and silky.

Sebamed Everyday Shampoo for normal to dry hair is extra mild for frequent use.

All three products retail at \$4.25 for 200ml.

LRC Products Ltd.
Tel: 01992 451111.

Bourjois gives brownies a push

Bourjois is running a bronzing promotion in independents from July 7 for two months.

It features new Voile Bronzeur – a lightweight bronzing gel in one natural shade.

Formulated to hydrate and protect the skin, it contains jojoba oil, extract of honey, vitamin F and extract of pastel. Retail price is \$4.45.

The promotion will also feature Bourjois Bronzing Powders (\$5.95), Cil Waterproof Mascara (\$4.75), two shades of Rouge Seduction Lipstick (\$4.45) and matching nail polishes (\$3.75).

Bourjois Ltd.
Tel: 0171 436 6140.

Reading between the Cover lines

Procter & Gamble will be running a special Cover Girl promotion this summer.

A 48-page beauty book will be given away with any Cover Girl purchase during August.

'The Magic of Make-up' introduces Sarah Thomas – the latest top model signed to Cover Girl Cosmetics. It includes advice about choosing the right cosmetics and tips on solving common cosmetic problems.

The promotion is being run through Boots, drugstores and leading independents.

Procter & Gamble UK.
Tel: 01932 896000.

ALLER-EZE Presentation:

Tablets containing Clemastine Fumarate U.S.P. 1.34 mg (equivalent to 1 mg Clemastine base). Indications: Clemastine is a potent, prompt and long acting antihistamine for the relief of allergic rhinitis, including hayfever, perennial rhinitis and vasomotor rhinitis. Dermatoses, including pruritus, atopic eczema, contact dermatitis and other allergic dermatoses. Urticaria, angioneurotic oedema and drug allergy. Dosage: Adults one tablet night and morning. Children 3-6 years half tablet night and morning. 7-12 years half to 1 tablet night and morning. Side Effects/ Adverse Reactions: At normal doses, drowsiness is infrequent and when it does occur, it is usually mild and transient. Rare miscellaneous side effects have been reported, such as weakness, dizziness, dry mouth, headache, palpitations, gastro-intestinal disturbance, heartburn and skin rash. These effects can be controlled by reducing the dose.

Precautions/Warnings: May cause drowsiness, if affected do not drive or operate machinery. Use with caution in those with narrow angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, prostatic hypertrophy with urinary retention and bladder neck obstruction. Use in Pregnancy and Lactation: Not recommended. Use in Children: Not recommended for children under 3. Contraindications: Known hypersensitivity. Interactions: Avoid alcohol. May potentiate the effects of sedatives, hypnotics, and monoamine oxidase inhibitors. Cost: (retail) 10's £2.59, 30's £6.09. Product Licence Number: PL0255/0016. Licence Category: [P]

ALLER-EZE CREAM Presentation:

Aller.eze Cream is presented as a smooth, white cream containing Diphenhydramine Hydrochloride B.P. 2% w/w. Also contains Propyl Hydroxybenzoate B.P. Liquid Paraffin B.P. and emulsifying wax. Uses: Principal action: A fast acting antihistamine for topical use in non-perfumed and non-greasy cream base. Indications: For the symptomatic treatment of allergic conditions e.g. urticaria, pruritus, allergic rashes, stings and insect bites. Recommended Doses: Adults and children over 6: Apply sparingly to the affected area twice a day and for no longer than 3 days. Use in Children: Not recommended for children under 6. Contraindications: Hypersensitivity to antihistamines and benzoates. Do not apply to mucous membrane, eczematous conditions or where the skin is extensively broken or denuded or in acute vesicular or exudative dermatoses. Precautions: For external use only. Apply sparingly to the affected area. Avoid prolonged use, repeated application, especially to large areas. Side Effects/Adverse Reactions: In rare instances the skin may become sensitised to the product or to sunlight. If this happens, discontinue use immediately. Pharmaceutical Precautions: Store between 4°C and 25°C. Retail Price: 25g cream £2.75. Product Licence Number: PL 0255/0030. Licence Category: [P]

Date of preparation: April '97



NASTY BITES AND STINGS NEED A BIG RECOMMENDATION.

A TOPICAL CHOICE.

Make sure that you're recommending Aller-eze Cream this Summer. In its very first year Aller-eze Cream has already made a big impact on the bites and stings market, becoming one of the biggest sellers in the profitable topical antihistamine sector.

Aller-eze Cream is strong on the local relief of pain and swelling and is as effective as mepyramine cream.



Many pharmacists already recommend it and users prefer it for the soothing way it feels on their skin.

A BIGGER SOLUTION.

For more widespread rashes that need fast systemic relief recommend Aller-eze Original Formula Tablets. They contain fast acting, efficacious clemastine – longer lasting than chlorpheniramine. Clemastine can also be used as an alternative to Aller-eze Cream if your customers prefer to take tablets.

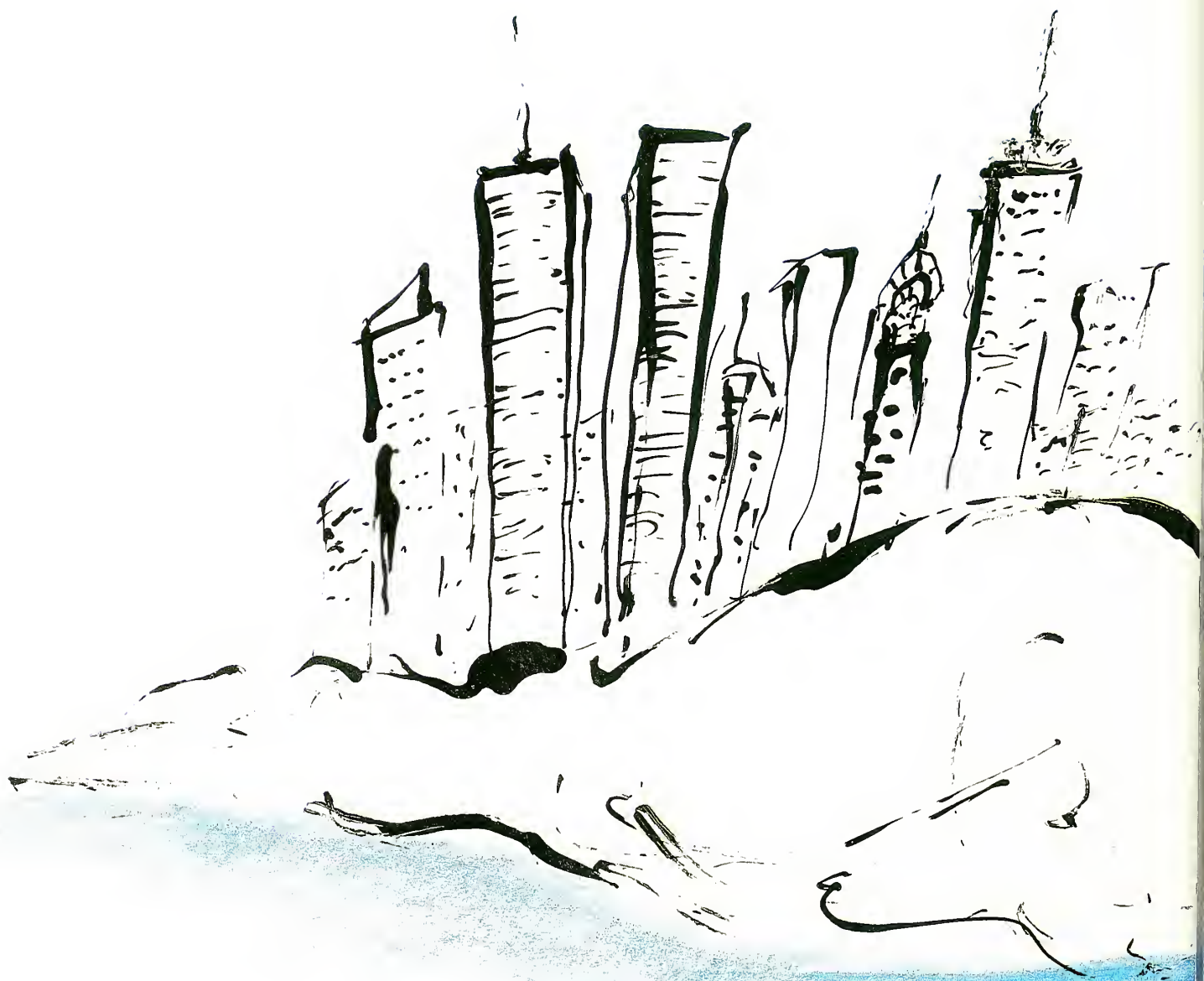
So to get big results all round give your customers the big relief of Aller-eze.



EFFECTIVE FAST ACTING RELIEF FROM BITES AND STINGS.

NOVARTIS CONSUMER HEALTH, MILL ROAD, HOLMWOOD, NR DORKING, SURREY RH5 4NU. TEL: 01306 742800.

America found So we're launching



Sleepia Product Information

Presentation: blue liquid-filled capsules containing Diphenhydramine Hydrochloride Ph.Eur 50mg. **Dosage and Administration:** one softgel capsule 20 minutes before bedtime. Not recommended for children under 16 years of age. **Uses:** Sleepia is a non habit forming night-time sleep aid for relief of temporary sleep disturbance. **Contra-indications:** Hypersensitivity to any ingredients in the product, or to other antihistamines. **Warnings and Precautions:** A doctor should be consulted if sleep disturbance continues more than 10 days. Sleepia is not recommended during pregnancy or lactation. Use with caution where closed angle glaucoma, urinary retention, asthma, prostatic hypertrophy, pyloric obstruction and achalasia of the cardia exist. Sleepia should not be taken concomitantly with monoamine oxidase inhibitors. Sleepia may suppress positive skin test

it a big yawn.
it over here.

Sleepia™ is a new liquid filled gel capsule that helps restore a natural sleep pattern. And produces a dynamic sales pattern.

Gelcaps have been responsible for driving American sleep aid sales. And by far the biggest selling sleepaid gelcap in the States is Pfizer's.

Now this American brand leader is available in the UK as Sleepia.

It contains that tried and trusted ingredient, diphenhydramine hydrochloride. And, as a gelcap, is easy and pleasant to take.

We're backing Sleepia with a £2 million comprehensive support package that includes an eye-catching £1.5 million nationwide TV campaign.

They're no longer sleepless in Seattle. Now, with Sleepia, your customers need no longer be sleepless in Surbiton, Swansea or Sunderland.



Contains Diphenhydramine

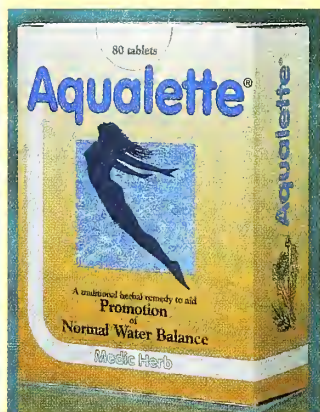


It should not be taken 72 hours before the test. Treatment with Sleepia is likely to increase the level of drowsiness and reduce the ability to drive and use machines. Side Effects: Drowsiness, dizziness, weakness and dry mouth, also less frequently faintness, nervousness, headache, blurred vision and gastrointestinal effects such as constipation or gastro-oesophageal reflux. Pharmaceutical Precautions: Store below 25°C in a dry place and protect from light. Legal Category: P. Package Quantity and Cost Price: 8 capsules: £1.679 (PL 01906/0018). Marketing Authorisation Holder: Pfizer Consumer Healthcare, Wellesbourne Road, Alton, Hants GU34 2TJ. Telephone: 01420 84801. Date of preparation: March 1997.

Pfizer Consumer Healthcare

Pre-menstrual water retention

Your questions answered
by Dr Sarah Brewer



Q What is meant by water retention?

The body has a normal water balance when the volume of fluid obtained from the diet is closely similar to that lost from the body through the kidneys, skin and lungs. Fluid retention is common due to hormonal changes in the second half of the menstrual cycle.

Q How effective are herbal diuretics in promoting a normal water balance?

Extracts from the herbs horsetail (*Equisetum arvense*) and dandelion (*Taraxacum officinale*) are highly effective in helping to obtain a normal fluid balance. Horsetail is a mild diuretic and tones the urinary tract. Dandelion is a powerful diuretic and a rich source of potassium, which helps flush sodium salts and excess fluid through the kidneys.

Q How long before a woman's period should she begin a course of Aqualette?

Fluid retention linked with menstruation tends to come on in the two weeks before a period. A course of Aqualette should therefore be started around the middle of the menstrual cycle.

Q Is it safe to continue taking Aqualette while menstruating?

Once menstruation starts, a woman will usually find her body returns to its normal fluid balance within a few days. Aqualette can be taken during menstruation for as long as necessary.

Q Can Aqualette be taken with other medication?

Yes, but it should not be taken together with prescribed diuretics, except under medical advice. It is not recommended for use during pregnancy or breastfeeding. If symptoms persist, or worsen, it is important to consult a doctor.

Aqualette is manufactured in Sweden for Medic Herb UK Ltd, a subsidiary of Lichtwer Pharma UK Ltd. Gentle, effective and clinically proven, it is available from Chemist Brokers representatives (01705 219900) in 80-tablet packs (rsp £5.49).

Unichem urges consumers to walk its way

Unichem will be promoting its range of own-brand holiday remedies to consumers in July in the first phase of a new advertising programme using both the trade and consumer media.

The 'Walk this way' campaign is intended to encourage consumers to visit their independent Unichem pharmacy. A month prior to consumer ads appearing in the national tabloids, TV listings magazines and weekly women's titles, such as *Chat* and *Woman*, the campaign will be detailed in the trade press (see centre spread).

Other product groups to be promoted this year are vitamins and supplements during the autumn, and cough/cold at the end of the year. All own-brand lines highlighted in the adverts



will be available beforehand through the monthly offers book at discounted prices.

Unichem is spending £200,000 on the first leg of the campaign.

Its 4,500 pharmacy customers will be provided with a full-sized 'signpost' window sticker with the company's logo,

picking up on the theme of the consumer ads. It encourages consumers to 'Walk inside for healthcare advice'.

The wholesaler's account development managers will be delivering the signposts to pharmacies from next week, and aim to have visited all customers by mid-July.

A hotline number – 0171 371 0404 – is available for any pharmacy business to ring if it wants to find out more about Unichem's services.

The company's sales and marketing director, Martin Ward (pictured), says this is a long-term campaign, which he envisages running during next year as well. Branded products may be brought into it further down the line.

Unichem plc.
Tel: 0181 391 2323.

Sensational news from Colgate

Colgate Sensation will be back on TV on July 7. This advertising burst will run for four weeks as part of a £4.2 million support package for the brand.

Colgate-Palmolive Ltd.
Tel: 01483 302222.

Battery power for a 'high tech world'

A new TV campaign which has been created by Duracell will break on June 22 and run for four weeks. The commercial supports the in-built power gauge feature on all major battery sizes.

Duracell (UK) Ltd.
Tel: 01293 517527.

ON TV NEXT WEEK

Advil Ibuprofen: C4, Sat

Bazuka: C

Claritin Allergy: C, GMTV

Garnier Ambre Solaire: All areas

Garnier Belle Color: All areas

Listerine: C, A, M, LWT, CAR, C4, Sat

L'Oréal Elvive Revitalising shampoo: All areas

Pantene: All areas except GMTV

Pepcid AC: TT

Predictor home pregnancy test: C4, C5, Sat

Rhinolast Hayfever: C4, GMTV

Wash & Go: All areas

Wella Experience: C4

Wilkinson Sword FX Performer: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

New lubricants have and have not

Paladone has introduced Wet Original and Wet Light lubricants into the UK.

The products are water-based moisturising lubricant gels. Wet Original contains the spermicide nonoxynol-9. Wet Light is a thinner

formulation more suitable for sensitive skin, and which does not contain nonoxynol-9.

Both products come in flip-cap bottles and retail at \$2.89 (59.14ml) and \$4.39 (118.28ml).

Paladone Products Ltd.
Tel: 01273 230037.

Cussons spreads price deal message

Cussons is supporting its Imperial Leather Shower Gel with a \$350,000 advertising campaign from June 16.

The two-week national campaign will feature on Superlite poster sites at 3,000 shopping centres and major shopping

routes around the UK.

The campaign aims to communicate a hard-hitting message about summer price deals. It also supports strong promotional offers in-store.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Scholl steps up foot care activity

Scholl has launched an on-pack promotion on five foot care sprays.

Customers are offered 200ml for the price of 150ml on Scholl Odour Control Foot Spray, Odour Control Shoe Spray, Anti-perspirant Foot Spray, Refreshing Foot Spray and Athlete's Foot Spray.

POS includes a stand, window posters, show cards and wobblers.
Scholl Consumer Products Ltd.
Tel: 01582 443300.

Gillette cliff-hanger

The cliff face TV ad for Gillette Series Antiperspirant Deodorant is back until June 30. A poster campaign reflecting the 'cliff-hanging' scene is running nationwide.

Gillette UK Ltd.
Tel: 0181 560 1234.

The barber shop

A designer barber grooming range from Daniel Rouah Barber Shop & Skin Care Salon has been launched exclusively in Boots.
Couture Brands.
Tel: 0181 788 3359.

From now on Puregon

recombinant FSH follitropin beta

NOW AVAILABLE



Self Injector Kits

Puregon, Organon's recombinant FSH, is one of a new generation of pure gonadotrophins. Puregon offers greater efficacy and efficiency in the treatment of infertility compared to urinary FSH.



Puregon™

recombinant FSH follitropin beta

Investing in Fertility



Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4FL
Telephone: (01223) 423445 Fax: (01223) 424368

References: 1. Ont HJ et al. A prospective, randomized, assessor-blind, multicentre study comparing recombinant and urinary FSH (Puregon vs urofollitrophin) in IVF Hum Reprod 1995; 10: 2534-2540. 2. Geurts TBP et al. Puregon - (Org 32489) - recombinant human follicle-stimulating hormone. Drugs of Today 1996; 32: 239-258.

Puregon ▼
Follitropin beta

Presentation: Each ampoule contains 50 or 100 IU follitropin beta in the form of lyospheres.

Use: a) Anovulation (including PCOD) in women unresponsive to clomiphene citrate. b) Controlled ovarian hyperstimulation and/or induction of multiple follicular development in assisted reproduction programs (see IVF FET CH 10.10).

Dosage and Administration: Administered subcutaneously or intramuscularly after reconstitution with solvent. Puregon is more effective than urinary FSH in terms of a lower total dose and a shorter treatment period. Therefore, it may be appropriate to give a lower dosage of Puregon. Adjust dosage depending on ovarian response monitored by oestrogens and/or ultrasound. Indication a) In general, a sequential treatment scheme is recommended, starting with daily administration of "FSH". Ovulation may be induced by administration of hCG. Indication b) A starting dose of 150-225 IU is recommended for at least the first four days, alone, or in combination with a GnRH agonist. Dose may then be adjusted individually, based upon ovarian response. Follicle maturation is achieved by administration of hCG. Oocyte recovery should be performed 34-35 hours after hCG administration.

Contraindications: Ovarian, testicular, breast, hypothalamus and pituitary tumors, pregnancy, lactation, undiagnosed vaginal bleeding, hypersensitivity to any ingredients, primary ovarian failure, ovarian cysts or enlarged ovaries not related to PCOD, malformations of the sexual organs, fibroid tumors of the uterus.

Precautions and warnings: Other causes of infertility should be excluded. In pregnancies occurring after induction of ovulation with gonadotropins, there is an increased risk of multiple gestation. Exclude uncontrolled non-gonadal endocrinopathies. There have been no reports of hypersensitivity to Puregon, but there remains the possibility of anaphylactic responses. The first injection should only be performed under direct medical supervision. Infertile women often have tubal abnormalities; the incidence of ectopic pregnancies might be increased. Early ultrasound confirmation that a pregnancy is intrauterine is important. Rates of pregnancy loss in women undergoing ART are higher than in the normal population. If unwanted ovarian hyperstimulation occurs administration of Puregon should be discontinued. Pregnancy should be avoided and hCG must be withheld. Do not administer Puregon to women with a history of ovarian hyperstimulation syndrome.

Adverse Reactions: Unwanted ovarian hyperstimulation, bruising, pain, swelling and itching at the injection site. Rarely, arterio-thromboembolic processes have been associated with other gonadotropin therapies. This may also occur with Puregon.

Overdosage: The acute toxicity has been shown to be very low. Too high a dosage for more than one day may lead to ovarian hyperstimulation.

Legal Category: POM

Organon Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4FL, 01223 423445

Marketing Authorisation Numbers and Basic NHS Cost: Puregon 50IU - EU1/96/008/001 1 amp + 1 solvent £21.10, EU1/96/008/003 5 amps + 5 solvents £105.50. Puregon 100IU - EU1/96/008/002 1 amp + 1 solvent £42.20, EU1/96/008/001 5 amps + 5 solvents £211.00.

April 1997

Society opposes MCA proposals for P switches

The Royal Pharmaceutical Society is to object to the Medicines Control Agency's proposal to return terfenadine to Prescription-only control.

Council agreed last week that the Society should send a letter pointing out that there is no evidence that terfenadine is a danger to health if used correctly.

Pharmacists had taken steps to ensure that all products containing terfenadine were sold under strict conditions. Their actions showed that effective measures could be put into place speedily to minimise the risk of further inappropriate use without imposing unnecessary burdens on doctors and the NHS.

The Society will also object to MCA proposals to allow the non-prescription sale of loperamide and benzoyl peroxide. The letter will point out there are many cases of diarrhoea for which loperamide might not be appropriate. In the case of benzoyl peroxide, an adequate number of pharmacies existed to ensure its ready availability.

The letter will support the proposal to clarify the classification of water as GSL, but will repeat the request that water for injection should be removed from

POM control to allow pharmacists to supply it to drug misusers, where appropriate.

Remuneration models As part of the 'Pharmacy in a New Age' initiative, a letter has been sent to other pharmacy bodies inviting participation in a focus group to consider possible future models for remuneration for community pharmaceutical services.

The group's terms of reference will be "to review possible remuneration structures for community pharmaceutical services, both state-funded and privately financed, and to explore and present options, likely to be achievable, which will ensure remuneration is targeted towards rewarding adequately the provision of professional services which are patient-focused".

Pharmacy strategy The Community Pharmacists Group Committee is to carry out a survey of prescription customers' views on the service obtained from community pharmacies. The survey will be used in developing a strategy for the group.

Patient packs The Patient Pack Joint Working Group is aiming for a September start for the phased introduction of patient pack dispensing. Work is in

progress towards developing information and education programmes for pharmacists, doctors and the public. A small working group is also considering the effect of patient packs on the hospital service.

Resale Price Maintenance The Government intends to include legislation on competition law in the first session of the new parliament. John Ferguson has written to the Department of Trade and Industry seeking a meeting, to include the National Pharmaceutical Association director, to clarify the position on RPM.

New Age update The PIANA co-ordinating group will commission a summary of action to date and a document with a statement of intent containing key long and short-term objectives. An outline is to be presented to the July meeting, with a final draft approved by August and presented at BPC in September.

NHS 50th anniversary The Society should play a full part in celebrating the 50th anniversary of the NHS on July 5, 1998.

Professional standards Council approved two new standards for professional service for incorporation into the Code of Ethics, as part of the standards

review called for by the 'New Horizon'. The standards relate to services provided to nursing and medical homes, and instalment dispensing.

Pharmaceutics division charges A scale of charges is to be introduced for using the information service provided by the Society's pharmaceutics division.

CIVAS formulary The Science Committee is to proceed with plans for a centralised intravenous additive service formulary.

Fluted bottles The Society is to investigate using adhesive tactile danger warnings on plain medicine bottles as a substitute for fluted medicine bottles.

Pharmacists in industry The Industrial Pharmacists Group Committee is to organise a meeting of senior executives in the pharmaceutical industry to promote the benefit of employing pharmacists.

● As announced at the Society's annual meeting in May, Council has started to look at possible changes to its procedures and the process will continue in July.

The Royal Pharmaceutical Society's Council has approved increases of about 3.5 per cent in the Society's statutory fees for 1998.

The members' full-time retention fee would rise from £125 to £129 and the premises retention fee from £82 to £85. Council also agreed that pharmacists unable to practise because of ill health should be entitled to pay the reduced fee that has previously been available only to pharmacists over 65, not gainfully employed.

Contractors and employees invited to make comments on Drug Tariff

Contractors and employee pharmacists are being invited to contribute views on the Drug Tariff to the Pharmaceutical Services Negotiating Committee.

PSNC's technical subcommittee set up the Drug Tariff working party in March to consider ways in which payment procedures could be clarified so that pharmacy contractors can understand how they are paid.

"We have already written to pharmacy organisations and LPCs," says working party secretary Gordon Geddes. "We welcome comments from any source. We are now opening up the consultation to pharmacy contractors and employees - anyone who uses the Drug Tariff."

Areas the working party would like comments on include:

● giving contractors a regularly updated transparent guide to the

DT and related procedures

● identifying problem areas where contractors could be disadvantaged

● giving comprehensive guidance on endorsing

● deciding how such information should be disseminated

● to examine the effects of possible pharmacy/Prescription Pricing Authority links on DT procedures

● liaising with computer suppliers over endorsing modules

● considering any patient pack procedures

● liaising with the NHS Executive and the PPA

● general thoughts on the DT's content and format.

Responses should be returned by July 4 to: Dr Geddes, assistant secretary, PSNC, 59 Buckingham Street, Aylesbury, Buckinghamshire HP20 2PJ.

EC issues VMS discussion document

The European Commission has issued a discussion document on food supplements containing vitamins and minerals.

The paper makes no recommendations, but draws attention to issues needing consideration before proposals are put forward.

The EC (DG III) is particularly interested in comments on:

● the principles that should guide the addition of vitamins and minerals to foods and the availability of food supplements

● the setting of maximum limits for nutrients added to foods and for nutrients in food supplements. Should maximum limits be set for all vitamins and minerals or only for those where a high intake may be dangerous?

● how any maximum limits should be determined

● the setting of lower limits

● the need for specific rules on nutrition labelling, warnings and claims, and packaging of food supplements. Labelling statements

could draw attention to the benefits of a varied diet and the risks of exceeding specific intakes for certain vitamins and minerals.

● the need for special procedures for placing products on the market. Once the rules have been adopted, products which conform would have access to the EU market. Practices of prior authorisation would disappear, but some member states might want to maintain notification systems. The document suggests that these procedures would be burdensome, although they would enable the authorities to control and monitor products better.

There will be a three-month consultation period for the paper, 'Addition of vitamins and minerals to foods and food supplements'.

The Council for Responsible Nutrition, an association of the UK's leading suppliers of food supplements, has given the document an initial welcome.

When your
customers have a

*@★⚡#!

MIGRAINE

or *@★⚡#!

BACK PAIN

or *@★⚡#!

PERIOD PAIN

or *@★⚡#!

DENTAL PAIN

you need to use
strong language

More customers are finding that for strong pain -
from migraine to dental pain - Paramol can make
the difference.

Combining the trusted pain relief of paracetamol
with the added power of dihydrocodeine,
Paramol provides your customers with highly
effective pain relief - and a highly profitable
recommendation for you.

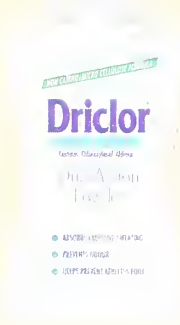
So make sure you ask your Seton Healthcare
representative about our strong deals.



 Seton
Healthcare Group plc

Product Information. Presentation: Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 7.5mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, febrile conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken starting at 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. Children under 12 years: Not recommended. **The Elderly:** Caution should be observed in increasing the dose in the elderly. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. **Other special warnings and precautions:** PARAMOL tablets should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. Do not exceed the recommended dose. Patients should be advised not to take other paracetamol containing products concurrently. **Use in pregnancy and lactation:** Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. **Interactions:** Metoprolol, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. **Other undesirable effects:** Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. **Overdose:** Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. **Legal Category:** P. **Package Quantities and RSP (excluding VAT):** 12's £1.86, 24's £3.23, 36's £4.25. **PL Number:** 11314-0050. **PL Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** March 1997. Further information is available on request from the License Holder. PARAMOL is a Registered Trade Mark.

Pharmacists of Great Britain join the campaign for Safe Socks



Help is at hand for the nation's sweaty feet. It's new Driclor Powder, the latest addition to the Driclor clinical antiperspirant range. Thanks to a clever micro cellulose formula, Driclor Powder absorbs sweat and cuts off the cause of odour without the usual powder problem of caking. And as if that wasn't enough, it also helps to prevent athletes foot.

£1½ M
Summer spend
on Driclor Powder
and Driclor
Solution

Presentation: Powder. Active Ingredients: Aldioxa 0.22% w/w, Chloroxylenol BPC 0.5% w/w. Uses: Driclor Powder is especially suitable for the feet. It absorbs excess moisture, has antifungal and antibacterial properties, and soothes inflammation in other skin fold areas. Dosage and administration: Dry and apply over feet and other affected skin fold areas. Use on children under supervision. Store in a cool dry place. Contraindications, warnings etc: Avoid contact with eyes

and broken skin, avoid inhalation. There are no restrictions on the use of Dndlor during pregnancy or lactation. Avoid contact with clothing and polished metal surfaces. Product Licence Number: 0174/5015R. Pack size and Retail Selling price: 50g pack £3.79. Legal category: P. Date of preparation: April 1997. Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU.



The whole truth?

Some weeks ago, I was informed by the Bristol-Myers/Claïrol rep that the Claïrol Ultress Hair Colour range was discontinued, and this was borne out by the same information from the wholesaler from whom I purchase.

One of my customers, for whom I had tried to obtain a particular shade, telephoned Claïrol and she informs me that Ultress is not discontinued but will not be supplied to 'smaller chemists' but only to Boots and Superdrug.

I find this action particularly underhand. I have supported Bristol-Myers/Claïrol over a considerable period and the company does not have the courtesy to inform me truthfully of the situation.

Colin Doorbar
Maryport, Cumbria

Bristol-Myers responds:

In recent months, Bristol-Myers has been working closely with major wholesalers on a consumer-focused category management programme

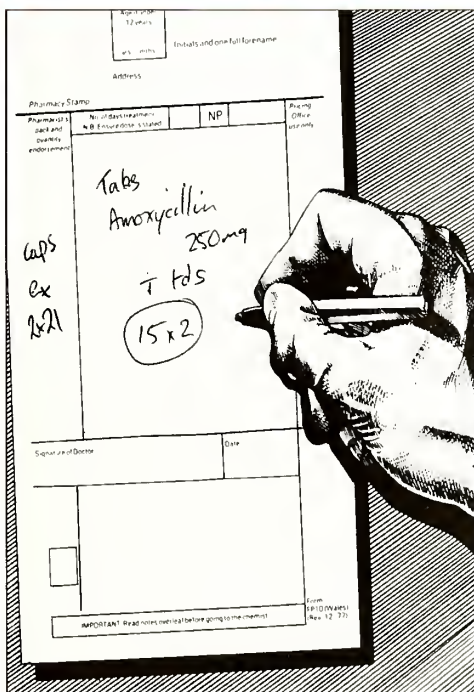
aimed at growing the colourant category for independent pharmacists.

This programme focuses on the following areas: bringing new consumers into the market place; increasing the number of times consumers colour their hair; and advising which brands should be stocked to offer optimum choice, therefore increasing sales and profitability.

It was with this approach in mind that we made the decision to replace Ultress with Hydrience within the independent chemist sector due to poor sales of Ultress. This decision has been backed up by this week's latest share data, which shows that, within six weeks of launch, Hydrience already has a 9.7 per cent market share.

With limited shelf space within independent pharmacies, Bristol-Myers believe that this was a responsible approach to growing sales in a sector that has tremendous potential, if supported objectively by a major company such as ourselves.

QUESTIONS & ANSWERS



Can the form of drug to be dispensed be changed without contacting the prescriber? Are there any other problems with the way the script has been endorsed? The PSNC explains

Questions

- 1 Would endorsement of 'Caps' be accepted?
- 2 Would the pack size endorsed by accepted?
- 3 Could the dispensing pharmacist claim two fees against this item?

Answers

- 1 Yes, unless the prescriber specifically ordered Fizztabs.
- 2 No. Amoxycillin caps 250mg is a Part VIII generic. Reimbursement would be made from the Drug Tariff pack of 100.
- 3 No. There is no provision for instalment prescribing on a form FP10.

Get Set

For runaway sales success - again



Last year, Diocalm Ultra sales rose an incredible 45%* - thanks to you and our extensive radio and women's press campaign.

This year we'll be spending three times as much on radio and continuing our striking women's press advertising - that's more than £1/2 million National support - and backing all this with unbeatable trade deals. So get set - Diocalm Ultra sales are about to move even faster.

*Source: Independent Pharmacy Audit



NOTHING STOPS DIARRHOEA FASTER

Seton Healthcare Group plc

Contains Loperamide Hydrochloride Ph Eur. Always read the label. Diocalm is a Trade Mark of Seton

Abbreviated Product Information. Presentation: Blue and white capsules containing 250mg of Loperamide Hydrochloride Ph Eur. **Indications:** For the symptomatic treatment of acute diarrhoea. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. Diocalm is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

A vote for pharmacy

Pharmacist Bashir Khanbhai wanted to change from being an MPS to an MP on May 1 – but he didn't make it to the House of Commons. He hopes that this will change next time around

Bashir Khanbhai is confident that "a pharmacist in parliament will do more for pharmacy in a year than the Royal Pharmaceutical Society has done in 20. I hope others will join me at the next election as candidates".

He fought the Norwich South seat for the Conservatives last month, coming second to Labour's Charles Clarke.

Mr Clarke received 26,267 votes (52 per cent) against his 12,028 (24 per cent).

Mr Khanbhai is a locum pharmacist. He owns a buying house in the UK which sources raw materials and finished products for Tanzania.

Before his dealings in import and export, he helped run his family's manufacturing business in Tanzania from 1971 to 1980.

Bashir, 51, was born in Tanzania. He came to England at the age of 14. Pharmacy runs in his family – his wife, two brothers, and four nephews and nieces are pharmacists.

He attended The Square from 1963-66, but it was a further four years before he completed his pre-registration at Ashford Chemists in Northampton in 1970.

It was in the intervening years that his political life took off. He went to Oxford University, where he studied philosophy, politics and economics at Balliol College.

Oxford prepared him for a political life of debate. He was a committee member of the

Oxford Union, and chairman of the Jowett Society, a philosophical discussion group.

Political aspirations

Mr Khanbhai joined the Conservative party ten years ago. His political career began in 1993 when he stood as a candidate in Swanley, Kent.

In 1995, he was accepted to represent Norwich South.

The highlight for him, during the recent election campaign, came when he was introduced at an election rally in Norwich market by the former prime minister.

"John Major is a sincere, dedicated and competent man, who will be a big loss to Britain," he believes. Mr Blair is an unknown quantity, he says, and only time will tell what he is like.

According to Bashir, the Conservatives lost the general election for a number of reasons: division in the party on Europe, the sleaze factor received more attention than it deserved and the media gave an unjust portrayal of the successes of Tory reforms.

The Labour campaign succeeded because it played on the 'It's time for a change' phrase. The public were seduced into thinking that life would be better under a Labour Government, he believes.

He is confident that the Conservatives will come back to win the next election with a small working majority.

"It will not be long before the electorate realises its mistake of bringing in an inexperienced team to run the economy," he says, and compares the situation to being on a bus driven by a learner driver in London.

Pharmacy and politics

"All I ask is that pharmacists be compared with other professionals. A snapshot of pharmacy today will reveal that the public do not see pharmacists as they



The candidate: Mr Khanbhai

should. Remuneration is too low, and pharmacists are not using their knowledge and experience in the way in which they could.

"If this is a valid picture of the state of affairs today, then what are our leaders doing? How can they be more effective?"

"I want to be constructive. I want us to be on a par with doctors – nothing less will satisfy me."

He would like to see pharmacists prescribing, pharmacists standing next to health ministers, and appropriate remuneration in the future.

"I hope that today's graduates will have a bright future and won't be slotted into dark dispensary corners, only to play a minor role in the provision of healthcare," he says.

Lack of leadership

Mr Khanbhai is scathing in his attack on the pharmaceutical institutions' lack of leadership to date. "The Royal Pharmaceutical Society should be leading, monitoring and representing the profession, and formulating policy," he says.

"It is a talking shop. We have not been aggressive enough in securing recognition for our profession. They have not done a good job.

"Pharmacists are under-rated, undervalued, overworked and left on the sideline. They should be taking an active role side by side with doctors in delivering health services."

What would have happened if he had been elected Norwich South's MP? He would have briefed the RPSGB and NPA on what he was doing, and offered his help in promoting pharmacy.

Bashir confidently expects to be in the House of Commons in the near future, representing the profession and advancing the quality and extent of the NHS.

Product information

Presentation: A light blue/dark blue enteric-coated capsule with a blue band between the cap and body. Each capsule contains a sustained release gel of 0.2ml peppermint oil B.P.

Uses: For the treatment of symptoms of discomfort and of abdominal colic and distension experienced by patients with irritable bowel syndrome. Also for the treatment of intestinal spasm secondary to other gastrointestinal disorders e.g. diverticular disease.

Dosage and Administration: Adult dose 1-2 capsules three times a day, 30 minutes to one hour before food, taken with a small quantity of water. The capsules should not be taken immediately after food. The capsules should be taken until symptoms resolve, usually within one or two weeks.

Contra-indications, Warnings and

Precautions: The capsules should not be broken or chewed because this would release the peppermint oil prematurely, possibly causing local irritation of the mouth or oesophagus. Patients who already suffer from heartburn sometimes experience an exacerbation of these symptoms when taking the capsule. Treatment should be discontinued in these patients. Do not take indigestion remedies at the same time of day as this treatment. COLPERMIN should not be used in pregnancy unless directed by a doctor. Adverse effects: Heartburn, perianal irritation, sensitivity reactions to menthol, which are rare and include erythematous skin rash, headache, bradycardia, muscle tremor and ataxia. Do not use on patients who are allergic to peanuts or peanut oil.

Pharmaceutical Precautions: Store in a cool place. Avoid direct sunlight.

Legal Category: GSL (Pharmacy only) Product Licence No: PL 0032/0218

Product Licence Holder: Pharmacia & Upjohn Ltd. Packs of 20 capsules, trade price £2.75. RSP £4.85 (£4.13 exc. VAT). Colpermin is a Trade Mark.

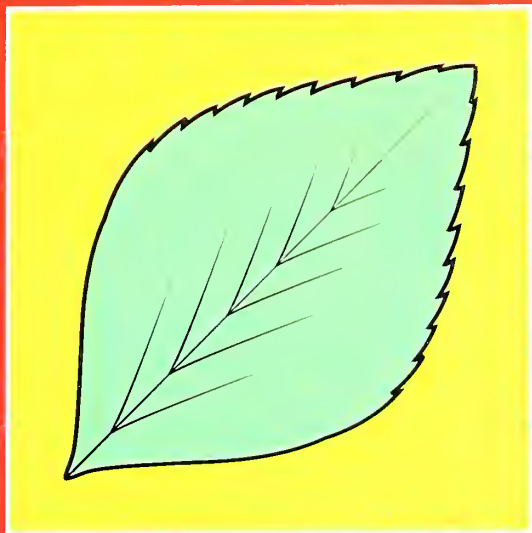
Date of Preparation: January 1997.

Colpermin

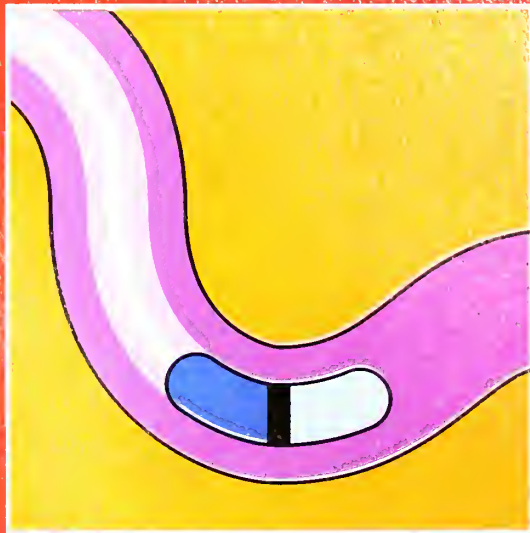
Pharmacia & Upjohn Ltd, Davy Avenue, Milton Keynes, MK5 8PH. U.K.
Tel: 01908 661101.



John Major gets Mr Khanbhai's vote any day ...



NATURAL PEPPERMINT OIL



IN A SUSTAINED RELEASE FORMULATION TO



GET TO THE PROBLEM WHERE IT WORKS IN TWO WAYS



TO RELIEVE SYMPTOMS

Benefit from the dual action approach to Irritable Bowel Syndrome

Benefits for your Customers

If your customers suffer from the distressing symptoms of Irritable Bowel Syndrome (IBS), illustrated above, you can easily do something about it by recommending Colpermin, one of the most widely prescribed and effective treatments for IBS.

Natural Peppermint Oil

Colpermin contains natural peppermint oil, clinically proven to relieve the symptoms of IBS. An enteric coating combined with a sustained release formulation delivers relief directly to where it's needed most.

Dual Action Relief from IBS

1. Colpermin relaxes the muscle in the bowel wall to relieve painful spasms.
2. Colpermin disperses the pockets of trapped gas to relieve bloating.

By alleviating the symptoms of IBS, Colpermin helps your customers to carry on with their lives.

Benefits for your Pharmacy

Colpermin is good for business too. As well as the huge potential of the market - millions suffer from the symptoms of IBS - you can also benefit from generous discounts. Ask your Colpermin sales rep for more information, or ring the Pharmacia & Upjohn telesales team on 0800 801 454.

Colpermin
0.2ML PEPPERMINT OIL BP



£1.8M CONSUMER ADVERTISING LAUNCH

Relieves the painful spasm and bloating of Irritable Bowel Syndrome



This way holiday

If ever there was a sign that UniChem really cares about the independent pharmacist, it's the eye-catching one on the left. It's at the centre of another major initiative to point increased traffic to our customers, starting with the holiday season.

Our bold new 'Walk This Way' advertising campaign points out the convenient, friendly, local nature of the independent UniChem pharmacy. Each and every advertisement features the striking road

Walk this way



for holiday essentials

It's amazing how a little walk can save you problems, when it's around the corner to your local UniChem pharmacy.

It's also amazing how it can save you money. UniChem offer a whole range of own brand holiday essentials, at prices that won't walk away with your budget, yet often containing the same active ingredients as more expensive brands. And you're sure of friendly healthcare advice too.

So before you travel, walk! Walk this way to the UniChem sign, and keep your family and pocket healthier this holiday.

UniChem

Pointing the way to good health



ALWAYS READ THE LABEL



or increased traffic

sign showing customers the way to good service and value - and every UniChem customer will receive a prominent matching sign for their window to create the perfect link.

The advertising starts in July with a big and bold push in the national press, featuring the essential Own

Walk this way

It's amazing how a little walk can save you problems when it's around the corner to your local UniChem pharmacy.

It's also amazing how it can save you money. UniChem offer a whole range of own brand holiday essentials at prices that won't walk away with your budget, yet often containing the same active ingredients as more expensive brands. And you're sure of friendly healthcare advice too.

So before you travel, walk.

Walk this way to the UniChem sign and keep your family and pocket healthier this holiday.

UniChem

Pointing the way to good health

for holiday essentials

Brand holiday products shown below. You'll see our arresting half page advertisement in the tabloid newspapers, and as full colour pages in top women's magazines and TV listings. Just like the sign, they will be impossible to miss!

But this is just the beginning. There will be further advertising at other key times of the year when other products are top of mind. For example vitamins and

Free
Window Sign



supplements in the Autumn, and cough and cold remedies in the Winter. What's more, all the UniChem Own Brand products we feature will be available at significantly discounted trade prices.

'Walk This Way' is a sign of UniChem's continuing commitment to bringing our customers the very best.



If you would like to join them, there's never been a better time to sign up. Just call us on 0171 371 0404.

UniChem



Having trouble fitting everything in during your hectic working day? Time management could be the solution, as **Diane Bailey** explains

Time on your hands

Have you ever had the feeling that you are dashing from one crisis to another, coping with one demand after another?

It's not surprising if you have. Running a pharmacy is a tough job. Demands are made by the legislative and recording aspects of your work, by staff, by customers, by stock, by paperwork, by your own need to balance your professional and family life, and by the need to read and stay up to date. How can you balance these often conflicting demands and use your time effectively?

Why not try time management? This involves being organised and prioritising your tasks. Before you do, you must recognise that you cannot cope with every demand. You also need to view your days and weeks dispassionately to identify:

- demands you have to meet
- core tasks needed to run your pharmacy
- activities which could be delegated to colleagues, staff or even family members
- unnecessary demands and activities which contribute little to your business
- unavoidable interruptions
- interruptions which should be ignored or stopped
- time wasting – by others or yourself.

One way of managing your time better is to log your activities for several days, or better still, a week or two. Here, you record everything you do in ten- or 15-minute periods.

Knowing how you work helps. If, for example, you come alive after lunch, use the morning for routine or less important tasks and the afternoon for the more demanding aspects of your work.

Write a 'to do' list out in the morning, listing your tasks in ascending order of importance. Be realistic, do not list so many items that it's impossible to get through everything – this can be demotivating.

If your daily list has a number of fixed points, eg meetings with drug firm representatives, staff meetings or training sessions, visits from the VAT inspector or other officials, work other shorter items around the fixed points.



One pharmacist I know, for example, deals with all her prescriptions in odd five- and ten-minute 'gaps' in her days. She manages her time in such a way that a routine but necessary task, which could otherwise become a horror, is dealt with relatively effortlessly.

Another pharmacist hates the task, so he lets the prescriptions pile up until he dreads the 'monster' he has created for himself. The growing pile preys on his mind and sours his temper until at last he is forced to grapple with it. Ask yourself – which is the less stressful option?

Your list gives your day some shape and can be checked when you have a spare moment. In the evening, you could prepare a new list for tomorrow.

As you complete items on your list, tick them off. This way you have a reassuring record of what

you have achieved. Anything left undone automatically transfers to the next list, though not necessarily as first priority.

Be aware of unexpected (or even expected) interruptions.

One pharmacist agreed with his staff to keep Monday morning free of interruptions and requests, wherever possible, so that he could work undisturbed. In return, he would keep Tuesday afternoon free to discuss work matters with them. Negotiating this agreement felt strange, he said, but once it was in place, everyone found it useful and valued the Tuesday staff afternoons. Monday morning became a valuable period for tackling important routine tasks, reviewing the previous week and planning the forthcoming one.

People who are good at managing their time often get 'two for the price of one'. For example,

time spent on the boring but necessary task of dusting fixtures and replenishing stock can become less boring and, indeed, useful if you and your staff use this period to discuss stock features and increase product knowledge. Time spent processing prescriptions could provide an opportunity to review health patterns in the neighbourhood or to discuss new drugs or manufacturers' developments.

Another time-saving approach is to have a notebook page for each member of the staff, on which you list items to discuss or follow up.

Naturally, you need to allocate time to talk to your customers. You could tell them that Tuesday and Thursday afternoons are 'open advice periods' for non-urgent requests, and slot other small or routine tasks around that time.

Manufacturers' representatives, meanwhile, and other necessary visitors, could make appointments. You do not have to interrupt your plans to suit other people, unless they benefit you.

You may think your staff do not take too much of your time. Imagine you are in the retail section of the pharmacy and an assistant is filling up shelves. When the shop is empty, she says, "By the way we've got a problem here. You see ...". You know enough to get involved, but not enough to find an answer right away, so you say, "I'm glad you mentioned that, but I haven't time to sort it out now – leave it with me."

Suddenly, a problem which originated with an assistant and could probably have been sorted by her has become yet another demand on your time. Let this happen several times each day and, by the end of the week, a lot of your discretionary time has been eroded. If you want to manage your time, you need to stop this process. It means becoming more assertive and learning to say "No" or "No, I'll leave it with you to sort out" more often.

You will not become a good 'time manager' in a few days – keep persevering. Your efforts will be rewarded.

Diane Bailey is head of Diane Bailey Associates, a training design consultancy.

Positive steps to later life

The Health Services Management Unit of the University of Manchester has been commissioned to undertake an independent national initiative into the health issues facing women in middle to later life. **Angela Schofield**, HSMU senior fellow and co-ordinator of the Pennell Initiative for Women's Health, writes about why there is a need for this new approach

Nearly two-thirds of people aged 75 years or more are women, and by 2031, 28,000 will be 100 years old or over.

In this context, the impact of the menopause is of particular interest because women can now expect to live one-third, if not more, of their lives post-menopausally. This is a significant change compared to previous generations.

The related issue of gender differences in health outlook is only now beginning to be addressed in scientific and medical methodology, as are broader socio-economic, attitudinal and demographic trends.

In January this year, the Pennell Initiative for Women's Health was formed by the Health Services Management Unit of the University of Manchester. The initiative is chaired by Dame Rennie Fritchie, DBE, and funded by Wyeth. Their challenging task is to define and investigate the health issues that women face as their life expectancy continues to edge upwards.

The breadth of the issues we have begun to cover will converge on one important defining parameter – the positive steps that women can take to ensure their well-being into old age, with the support of healthcare professionals at all levels.

In this sense, the Pennell Initiative embraces the World Health Organisation's ideal, which states that: 'Health is not only the absence of disease and infirmities but a state of complete physical, mental and social well-being.'

However, we are driven by the realities of the healthcare needs of this country.

The National Steering Group, which directs the work of the Pennell Initiative, includes many prominent representatives from the National Health Service, charities, health authorities, universities, the Health Education Authority, and women's organisations and employers.

The Pennell Initiative's own chair, Dame Rennie Fritchie, was the former chair of the South and West Regional Health Authority and has been on the

NHS Policy Board. She is also involved in the charity and private sectors.

Above all, we are aware of the many channels of influence and information, within the healthcare system and outside it, which can affect a woman's personal health outlook in her middle and later years.

Through 'listening panels', due to take place throughout the year, as well as other means of evidence gathering, members of the Steering Group are tapping into the experience of individuals and organisations who are already doing excellent work in relevant areas. These include the Amaran Trust, the National Osteoporosis Society, the British Menopause Society, Women's Health Concern, Age Concern, as well as all the relevant professional organisations including those representing pharmacy.

Important role

We are also acutely aware of the important role played by community health professionals in disseminating accurate and balanced information to women – and to those who might have an influence on what a woman decides to do about her health and well-being.

To ensure that we obtain feedback at this level, we are asking anyone with a relevant viewpoint, experience, case study or research to make written submissions.

So far, we have had very encouraging responses from many community health professionals, including community pharmacists, whose role as providers of advice and information is often vital.

Evidence gathered through the listening panels, written submissions and other means will be assessed by the National Steering Group in light of a review of the current state of medical knowledge on the known causes for medical intervention – for example, cardiovascular disease, musculo-skeletal ailments, cancers, certain neurological conditions, the menopause – and the way they relate to women's socio-economic condition.

Continued on P28 ►



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The Nuffield Institute for Health at Leeds University has been appointed to undertake this research aspect of the Pennell Initiative's programme, which will give support to the Steering Group's deliberations and conclusions.

The work of the Pennell Initiative for Women's Health, and its conclusions and recommendations, will be embodied in a report which will be published next year.

Through the Pennell Report, our aim is to draw attention to best practice in the area of healthcare and health management for women from the start of the menopause to old age.

The Report will also identify gaps in current knowledge and research – and expose one or two myths – where we find them.

The ultimate intention of the Initiative is to highlight the lifestyle, health and policy strategies that will enable women, healthcare professionals and policy-makers to improve the health outlook for women during mid and later life.

The Pennell Initiative breaks new ground in several ways. First, it involves a private sector funder, with broad societal interests, and an independent research project that goes beyond the science of healthcare into the social issues that underpin health.

Second, it brings together medical approaches to therapy and health management with attitudinal and informational aspects of personal health aspects of personal health maintenance.

And, finally, it is attempting to define the menopause in the public consciousness as a life event as natural, normal and commonplace as puberty and maternity – and worthy of the same attention.

The name of our group is derived from the Vyvyan Pennell clematis, which blooms twice a year in the spring and late summer, symbolising a woman's whole-life potential.

A conviction which is shared by those involved in the Pennell Initiative is that, in the coming millennium, this assumption of continued good health over a greater span of years, with the menopause intervening, will be the norm for all women in this country.

● Written submissions to the Pennell Initiative should be sent to: The Pennell Initiative, Health Services Management Unit, Devonshire House, Precinct Centre, Oxford Road, Manchester M16 9PL.

Tiptoeing around PMS

A few tried and tested relaxation techniques can help control some of the emotional aspects of PMS, while some well chosen supplements combined with painkillers where necessary can help relieve the physical symptoms

Pre-menstrual syndrome displays itself in a variety of guises: mood changes, irritability, lethargy, pain, nausea, bloatedness and breast tenderness to mention a few.

Around 40 per cent of women worldwide suffer from some form of PMS and about 10 per cent suffer seriously enough for it to disrupt their lives. Research carried out by the Women's Nutritional Advisory Service last year found that 43 per cent of the 1,000 women surveyed had contemplated suicide and 95 per cent felt their relationships were adversely affected. In all, 95 per cent felt their productivity and efficiency were affected for an average of five days a month.

Take it easy

Although relaxation has a part to play in the management of PMS, little has been done to encourage women to achieve this practically, says Albert Smith, a psychotherapist and a member of the National Association of Hypnotists, who has produced his own set of relaxation audio tapes.

"To suggest to a sufferer that relaxation would be a good idea is as likely to exasperate and exacerbate rather than be of help. They will leave your pharmacy empty-handed into the bargain."

Instead, Mr Smith suggests introducing the idea of relaxation techniques at another time in the month "when goals seem more attainable and new ideas more realistic".



Stopping that bloated feeling with Roche's Deflaxine

The 'Overcome stress' cassette in the series is best suited for women with PMS as it explains the importance of overcoming stress and gives a guided relaxation technique for people to follow in their own home.

The Albert Smith Health cassettes retail at \$6.95 and are available with a free display stand. Tel: 01225 672031.

Pain drain

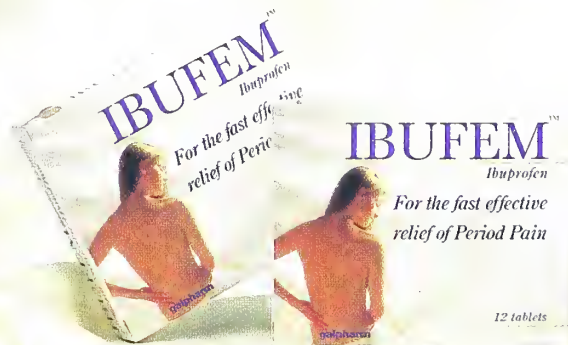
However, relaxation alone does not always suffice. When PMS is accompanied by period pain,

women often reach out for the painkillers. A new survey of *Marie Claire* readers commissioned by Nurofen found that period pain was the next most common complaint after stress-related headaches and migraine. However, the majority of readers didn't let the pain get in the way of their everyday lives and said they would take a painkiller.

Galpharm has gone the ibuprofen route as well, with the launch of Ibuprofen in an attempt to highlight ibuprofen as a remedy for period pain.

Leonie Schofield, brand marketing manager at Galpharm, believes Ibuprofen will give women a reason to purchase a specific product rather than make do with products they have at home. "A lot of women will pick up any analgesic and often it is paracetamol. Ibuprofen, on the other hand, is under-used in period pain – a lot of them think it is for muscle pain or headache."

And with as many as half of all women suffering at some point from period pain, there is room for expansion in this market. Although products specifically for period pain are declining in value sales, ibuprofen-based analgesics with period pain as one of the indications have risen



Galpharm has now gone the ibuprofen route with Ibuprofen

Continued on P30 ▶

Nine out of ten.

Will do better.

Having a
90% market share*
would satisfy
most companies.
But at Canesten
we're not content
with having
the best selling
thrush treatment.
That's why we're
spending
£2 million on a
new advertising
campaign for
Canesten Combi.
So it won't
be just one of
the fastest
treatments for
thrush, it will be
the fastest selling
one too.

Canesten®
Clotrimazole

*Source: Nielsen Pharmacy Audit MAT to Nov. Dec. 1995

Abridged Prescribing Information. Presentation: One Canesten 1 pessary (containing 500mg clotrimazole BP) plus a 20g tube of Canesten 1% cream (containing 1% clotrimazole BP). **Uses:** Pessary for candidal vaginitis, cream for associated vulvitis and to treat the sexual partner to prevent reinfection. **Dosage and Administration. Adults:** The pessary should be inserted intravaginally, preferably at night, using the applicator provided. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent reinfection. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** Medical advice should be sought if this is the first time the patient has experienced symptoms of candidal vaginitis. Before use, medical advice must be sought if any of the following are applicable: More than two infections of candidal vaginitis in the last six months, previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years, known hypersensitivity to imidazoles or other vaginal anti-fungal products. Do not use if the patient has any of the following symptoms, whereupon medical advice should be sought: Irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal ulcers, blisters or sores, lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by the clinician. If used during pregnancy, extra care should be taken when using the applicator to prevent the possibility of mechanical trauma. **Legal Category: P** **Package Quantities and Basic NHS Cost:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten 1% cream. An applicator for the pessary is included, £4.25. **Produce Licence Numbers:** Cream 1 - 0010.0016R, 500mg Pessary, 0010/0083. **Further information available from:** Bayer plc, Pharmaceutical Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 1JA. Telephone (01635) 563000. **Date of Preparation:** July 1995. **Expiry date:** June 1997.

® REGISTERED TRADEMARK OF BAYER AG BAYER AND  ARE TRADEMARKS OF BAYER AG

◀ Continued from P28

by almost a third. The market for products for period pain is \$1.8 million compared with \$16m for painkillers for period pain.

Ibuprofen is considered ideal for period pain and cramps because of its muscle relaxant effects and its peripheral effects – paracetamol reduces prostaglandins in the brain, while ibuprofen blocks prostaglandin production at the site of the problem.

Prevention is better

Prevention is always better than cure and supplements containing evening primrose oil, starflower oil and vitamin B6 can help to control some of the symptoms of PMS. One of the main causes is an imbalance of the hormones oestrogen, progesterone and prolactin before menstruation. EPO helps in relieving some of the symptoms of PMS by contributing to the production of the prostaglandins which control these hormones.

However, the benefits of supplements can also be extended to every stage of a woman's life. The Department of Health's campaign on the prevention of neural tube defects has fuelled the sale of folic acid supplements by women attempting to conceive. Meanwhile, greater awareness of the importance of calcium in maintaining healthy bones in later life has had women of all ages reaching out for supplements.

Marketing activities in the PMS and women's supplements market include those listed below.

- Neutraceuticals launched Calcium Clear in April, a calcium- and magnesium-rich carbonated drink to serve as an alternative calcium source to supplements and milk. Each 330ml bottle provided 437mg of calcium, which is more than half the recommended daily requirement.

- Rennie Deflatine is a new simethicone-containing product



Quest has launched the latest edition of its 'Guide to Supplements'



Floresse: a starflower oil-based supplement range launched last year

for bloatedness and excess gas, specifically targeting women.

Roche Consumer Health has backed the launch with \$1m in its first year, which includes advertising in the women's press, sampling and educational POS. Rennie Deflatine comes in packs of 18 tablets, retailing at \$2.99.

Although trapped wind affects both sexes, research carried out by Roche has shown that women find the tell-tale bloated stomach

and cramping more embarrassing and painful.

Helen Smith, senior product manager for Rennie Deflatine, says many women are confused about their symptoms. "Our marketing campaign will be educationally focused to make sure women really understand their bodies and how to avoid unnecessary suffering and take control of their lives."

Rennie Deflatine already has a

20 per cent incremental share of Rennie's total brand share in France and is also performing well in Germany, Holland and Switzerland.

- Quest Vitamins has launched the latest editions of its 'Professional Product Manual' and 'Guide to Supplements', which carries a new section on women's needs. In February, it launched the monthly 'Training Digest' pamphlet to aid staff training on nutrition and supplements. Topics so far have included candida infections. Next month's will be on hormones.

In addition, Quest launched a new standardised herbal range at the end of May, which included Agnus Castus fruit extract to aid menstrual and menopausal health and St John's Wort to aid emotional health.

- Floresse, the starflower oil-based supplement range launched by Roche Consumer Health last year, sponsored a special women's health conference earlier in June to visitors of Ragdale Hall Health Hydro in Leicestershire. Star guest Leslie Ash, from the TV comedy 'Men Behaving Badly', was joined by other speakers to discuss nutrition, pre-menstrual syndrome and stress management.

- Wellbeing, the medical research charity for mothers and babies, is co-ordinating its four-month fundraising campaign through pharmacy.

Advice booklets, entitled 'Pregnancy and Birth', are being sold for a suggested 50p donation to the charity's research. Pregnacare from Vitabiotics has sponsored the production of the booklets and donated \$10,000 to the charity.

In-store posters, collecting bins and brochure holders are available to participating pharmacies. Robinson Healthcare, which distributes Pregnacare on behalf of Vitabiotics, hopes to enlist around 1,000 retailers in the campaign. Contact Robinson Healthcare on 01246 22002.



Pregnacare has sponsored advice booklets produced by Wellbeing



Seven Seas has produced new educational advertorials and sampling



Lanes is supporting Preconceive with a below the line campaign



Feminax has a new consumer leaflet

● Vitabiotics is also heavily promoting its other women's supplements this year. Perfectil, launched almost eight months ago, is being advertised in the women's press and, between May and August, on 250 London taxis. Menopace is being backed by a new press advertising campaign,

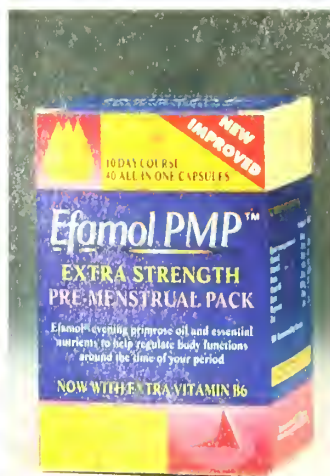
while Premence is featured on 4,000 buses nationwide from May, 4,000 London Underground carriages from June, the women's press and the Internet.

● Lanes is supporting Preconceive with a substantial below the line campaign, including a series of workshops for women

contraception. However, it does not offer any protection against sexually transmitted disease and consequently is often used with condoms in a 'belts and braces' approach.

In fact, when it comes to the popularity stakes, condoms are up at the top, according to the 1997 Durex Report. Some 24 per cent of the 10,000 people questioned use condoms as the main method of contraception, followed by 22 per cent who relied on the combined Pill.

The report also looked at people's awareness of which STDs condoms can protect against. Although more than 90 per cent knew condoms protected against HIV/AIDS, awareness of protection against



Launched last year: Efamol PMP

on pre-conceptual care and regular exhibitions targeting practice nurses and health visitors. POS is also available.

● Bach Flower Remedies is continuing its series of workshops this year. The two-day workshops – advanced or introductory levels – cost \$94 for course material, training costs and refreshments. Tel: 0181 780 4200.

● Seven Seas is supporting its evening primrose oil and starflower oil range with educational advertorials and sampling.

● Roche Consumer Health has produced an educational consumer leaflet for Feminax, 'Period pain – the causes and solutions' for display.

● Efamol PMP Pre-Menstrual Pack was launched last year as a pure high-strength formulation of evening primrose oil and vitamin B6 to help women fight against PMS.

● Ferrosan is continuing its sponsorship of 'Classic Tips for Healthy Living', which is hosted by Michael Van Straten on Classic FM radio.

cervical cancer, chlamydia and pelvic inflammatory disease was low.

In fact, to increase awareness on contraception and general sex health issues, Durex launched a website (<http://www.durex.com>) last year.

Last year also marked the launch of Persona by Unipath which promised to offer women a high tech, reliable version of the much-despised rhythm method. However, the BBC's 'Watchdog Healthcheck' sunk its teeth into Unipath last month, drawing attention to 450 women who became pregnant while using Persona. Independents went unscathed, though, as the device remains in the domain of Boots until October.

Burn, baby, burn

Half of all women are affected by thrush at some time in their lives, and pharmacy is the first port of call for most of them in their search for an effective and convenient treatment

Cystitis affects over 2.5 million women each year, while vaginal candidiasis, better known as thrush, hits around half of all women aged 16-60 at some time in their lives.

Manufacturers have realised that the pharmacy is the first port of call for women and this is reflected in heavy marketing support for their brands.

● Seton intends to grow Cymalon's share of the market with heavyweight consumer advertising. The campaign, which runs until August and costs in excess of \$300,000, features in a range of quality women's titles, including *Elle* and *Marie Claire*.

The advertising also carries details of the new Cymalon Helpline, which gives tips on how to recognise and treat an attack. Pharmacists can obtain educa-

Continued on P34 ►



Seton plans to grow Cymalon's market share with consumer ads

Contraception for all ... including a herd of elephants

The contraceptive Pill may have fuelled the sexual revolution in 1960s London, but it has proved a social disaster among elephants in South Africa today.

In an attempt to control the elephant population in the Kruger National Park, scientists inserted implants modelled on human contraceptives into the cow elephants. What they overlooked was that the hormones gave the elephants the appearance of being constantly on heat, which excited the males and left the females too harassed to look after their young.

The Pill, despite the recurrent media scares that have dogged it over the years, remains one of the most reliable forms of

Diflucan One is going down even better right now.

Capturing over a third of the OTC vaginal thrush sector, it is clearly the brand leader in £ sales in a market that has doubled in size¹ since Diflucan One launched in November 1995.

To make sure sales keep going strong, we're stepping up the ad spend to £2 million in 1997 on TV and Press.

Compelling advertising that will tell thrush sufferers everywhere what they want to hear.

That Diflucan One is convenience itself: one pill, swallowed with a glass of water, is the complete course.

And that Diflucan One works. On average, women experience relief from thrush symptoms in one day and complete relief after just two days².

Everything points to the fact that while we're busy driving sales down, you'll be busy piling profits up.

JUST THE ONE FOR TREATING THRUSH

We're con
£2 million
will contin
drive sales



Contains fluconazole

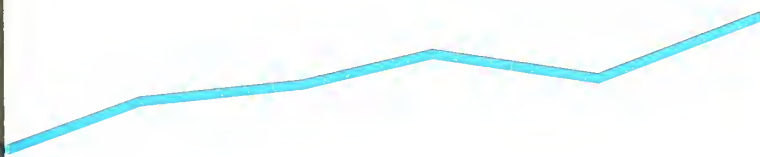


Nov 95
launch

1. IRI Infocan, 29 December 1996. 2. Report of an International Multicentre Trial (1989) Brit J Obstet Gynaecol 96: 226-232. **Abbreviated product information for Diflucan One (fluconazole).** Presentation: Capsule containing 150mg fluconazole. Indication and dosage: Vaginal candidiasis. Adults (16-60 years): single 150mg dose. Contra-indications: Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception.

ent
n advertising
to
own.

Dec 96
34.1% £ share



◀ Continued from P31

tional audio tapes of the Helpline for staff training from Seton representatives. POS and consumer leaflets are also available.

● Since the repack of Cystopurin last year by Roche Consumer Health, the product has grown 22 per cent to take a 12 per cent share of the cystitis market in pharmacy, currently worth \$5 million. The Cystitis Information Bureau (0345 581750), started two years ago, will continue to provide sufferers with advice and information on cystitis. In addition, 'Cystitis - a guide to treatment and prevention' is available from Roche representatives for distributing to patients.

● Galpharm launched Cystocalm in 1996. Cystocalm contains sodium citrate dihydrate 4g in each sachet and retails at \$3.49 for six sachets.

● Thornton & Ross is promoting its Potassium Citrate Mixture as a product that gives pharmacists price flexibility. The cystitis remedy is not price maintained, carrying a trade price of \$8 for an outer of 12 x 200ml bottles.

● In February, Bayer appointed Ceuta Healthcare as its specialist pharmacy OTC sales force. Bayer also streamlined its Canesten vaginal thrush treatment range by discontinuing Canesten Duopak and Canesten 2 per cent vaginal cream, leaving it to concentrate on Canesten Combi and Canesten 10 per cent VC.

A \$4m marketing campaign has been set aside for Canesten Combi alone this year, which includes TV and press advertising, PR and POS. The television adverts, which ran between January and March this year, will have a second burst later in 1997 and a series of pharmacy training evenings are also on the cards later this year.

● Pfizer has set aside \$3m for its 1997 advertising campaign for Diflucan One.



Since its repack last year, Cystopurin has grown by 22 per cent

Anti-fungals

Value sales	Total GB (inc Boots) 52 wk ending April, 20, 1997		Total pharmacies (inc Boots) 52 wk ending April 20, 1997	
		% change year on year		% change year on year
Anti-fungals	£14,344k	36	£37,061k	36
Anti-thrush	£16,385k	108	£15,534k	107
Manufacturers				
Bayer (UK) (thrush)	£11,013k	64	£10,390k	63
Pfizer Consumer Healthcare (thrush)	£5,170k	452	£4,944k	444
Janssen Pharmaceutical (thrush)	£202k	-16	£200k	-16
Brands				
Diflucan One	£5,170k	452	£4,944k	444
Canesten 1 Vt	£4,954k	109	£4,669k	109
Canesten Combi 1%	£4,892k	190	£4,537k	180
Canesten 10% VC	£1,230k	86	£1,185k	87
Femeron	£202k	-16	£200k	-16

Source: IRI/Intoscan



Potassium Citrate Mixture

The press campaign will follow the same theme while carrying new visuals and straplines. The adverts will be carried in 20 leading women's magazines throughout the summer and are expected to reach 74 per cent of ABC1/ABC2 women aged 20-35.

This summer, Pfizer is also looking to extend its television advertising, which was success-



The Ceuta sales force is now looking after Bayer's Canesten range



Diflucan One continues to increase awareness of oral thrush treatment

fully piloted in the London area during January. Sales increased by 45 per cent over the month-long burst and awareness of oral therapy and Diflucan One reached 56 per cent and 34 per cent respectively.

According to Malcolm Philips, marketing director for Pfizer, more women are cottoning on to

the use of oral treatments for thrush. "Women realise that they do not have to put their lives on hold, while they use inconvenient and messy pessaries and creams."

Pfizer is also investing in new POS and an educational campaign through the Thrush Advice Bureau.

MCA in 'double standards' row

Major wholesalers have accused the Medicines Control Agency of not being strict enough on small wholesalers during inspections.

John Taylor, the MCA's principal medicines inspector, told delegates at the British Association of Pharmaceutical Wholesalers' annual conference that his inspectors would "exercise their judgment" when they examined certain written procedures in small wholesalers. The inference was that relatively insignificant lapses could be overlooked.

Some delegates said small wholesalers had no right to be treated differently from large wholesalers, and they accused the MCA of applying double standards. Susan Westall, a director of Mawdsley-Brooks, said: "There should be a baseline standard which should apply to all wholesalers and none of them should be allowed to fall below it."

Mr Taylor said the MCA had no wish to apply double standards, because its aim was to protect the national health. It took great care when it inspected wholesalers, no matter how small they were. "But we have to take risk assessments into account when we're looking at very small operations," he said. "At every stage [of the inspection], we ask this: is what they're doing putting a

patient's life at risk?" MCA inspectors would clamp down immediately on any wholesaler whose procedures threatened patients' lives. "We're not in the business of putting people out of business, but we're becoming more aware that wholesalers' actions can affect the quality of medicines. We're therefore tightening up our standards and looking very seriously at the smaller wholesale operations," he said.

Michael Watts, BAPW's executive director, said shortline

wholesalers should be examined just as strictly as large wholesalers. "Shortliners have lower overheads and can undercut prices, whereas large, established wholesalers, such as our members, have to pay to ensure high standards. If shortline wholesalers had to meet equally high standards, they wouldn't be able to run their operations as cheaply as they do," he said.

One delegate said pharmacies must be checked to ensure they are not breaking regulations on

refrigerating drugs. "We wholesalers have little confidence in the standard of drugs when it reaches pharmacies – we would like the introduction of a national standard for these [cold storage] drugs within pharmacies, too. It's nonsense to think that we regulate the standards, but then the drugs are passed to pharmacies, which are self-regulatory," said the delegate.

Mr Taylor said the Royal Pharmaceutical Society should liaise with the MCA over this issue.



The panel at the open forum. L-r: Keith Mentzel, BAPW secretary; Jeff Harris, Unichem chief executive; Michael Watts, BAPW executive director; Roger Bell, chairman of BAPW's associate members' council

Stock shortage spectre looms large



Pharmacists and wholesalers are still being plagued by stock shortages from major manufacturers, according to Jeff Harris, chief executive of Unichem.

Some 'fast-selling medicines' have not been available in the UK for two to ten months. A few of these are analgesics, so the patient or consumer can easily find an alternative. "Others, such as topical steroids, leave the patient with few real alternatives," commented Mr Harris. "As I said in March [BAPW's half-yearly dinner], the patient's aggravation is passed on to the pharmacist, who in turn puts the strain on the relationship with the wholesaler."

He hinted that manufacturers were not giving the problem the attention it deserved. "Now, if you think I am referring to products in your manufacturing portfolios, are you sure that solving

these stock-outs is high on your agenda for action?" he asked.

Everyone in the manufacturers' supply chain wanted the products – yet "how can one of Europe's leading ethical manufacturers have a significant product out of stock in the UK for 46 weeks?" he added. About 160 products were listed 'to follow' in May.

Roger Bell, chairman of the BAPW's associate members' council, which represents drug manufacturers, said wholesalers and manufacturers had to improve their communication. Manufacturers, for example, who suspected certain supplies were falling too low, should contact wholesalers and ask them to ration out those products until the problems have been solved. Wholesalers, in turn, should tell manufacturers who they should specifically contact during the shortages. The current situation, where manufacturers have had to contact wholesalers'

delivery personnel, was useless because the delivery men had schedules to keep and were reluctant to break those schedules for 'urgent deliveries'.

Wholesalers, in turn, should contact manufacturers as soon as they detect a stock shortage.

Manufacturers, he added, had a difficult task working out how much stock they should produce. Many tended to judge their production by analysing their supplies over the past two to three years. That would give a fairly good estimate of trends, he said, but some drugs could fall prey to epidemics. The widespread shortage of flu vaccines in December/January was an extreme example of a 'demand blip' that no manufacturer could have foreseen.

Other manufacturers producing drugs with a limited shelf life could not afford to overestimate demand. "It's a fine balancing act that needs to be resolved," he said.

Roger Bell, chairman of BAPW's associate members' council

'Protocols frighten off customers'

Customers do not want advice when they are given prescriptions, according to research carried out by a pharmacy chain.

The chain, which did not want to be named, said customers were "frightened off if the pharmacist rushed out to run through protocol proceedings". Customers, it said, merely wanted to collect their prescriptions and leave quickly without fuss.

Mail order for prescriptions could be the best option, it added.

Mike Watts, the BAPW's executive director, said mail order prescriptions would benefit old and infirm consumers, who were unable to go to pharmacies. "But pharmacists and wholesalers rely on these drugs to make a profit. If mail order became legal in the UK, the first two organisations to run it would be the two national wholesalers [Unichem and AAH] because they couldn't afford to ignore it," he said.



Jeff Harris (right), BAPW chairman for this year, flanked by executive director Mike Watts, welcomes delegates to the annual conference

ABPI in value for money campaign

The Association of the British Pharmaceutical Industry is preparing material to show the Government how its drugs provide value for money.

It is collating manufacturers' data on 150 case studies and says the material should be ready in a couple of months. Dr Trevor Jones, the ABPI's director general, said the information will help with its negotiations with the Government.

He added that the ABPI wants Labour to clarify its position on healthcare issues, such as generic pricing. He admitted the ABPI had little idea of the Government's intentions, but it wanted "Labour to honour its pledges [made when it was the Opposition] - we don't want any changes or surprises", he said.

MCA to publish details of revoked wholesale licences

The Medicines Control Agency is planning to publish details of wholesalers whose licences have been revoked.

Its move follows drug manufacturers' concern that wholesalers could apply to open accounts without having to verify whether they have licences. Gill Thorpe, Schering's customer liaison executive, said the company could not check if a wholesaler claimed its licence had not been revoked.

Mike Watts, BAPW's executive director, said the MCA was storing details of wholesalers' licences on computer discs and

that he would ask the Agency for copies of the discs.

John Taylor, the MCA's principal medicines inspector, commented that the Agency could be willing to supply the discs, providing commercially-sensitive information had been removed. He would discuss the matter with the MCA.

The Agency, meanwhile, is studying a legal loophole that allows wholesalers without licences to export their products outside the European Union. One delegate complained that these products were sometimes exported back into the UK.

Wholesalers accused of electronic data apathy

Wholesalers are missing out on the benefits of Electronic Data Interchange, because they are not using it enough, according to Knoll Pharmaceuticals.

Frank Bagshaw, Knoll's logistics manager, said EDI would help to eliminate invoicing errors, reduce operating costs, reduce stockholdings, speed up the supply chain and help manufacturers and wholesalers to cope with stock shortages.

Wholesalers with EDI facilities include AAH, Unichem, East Anglian Pharmaceuticals, Boots and L Rowland. Many drug man-

ufacturers also have the facilities, but the advance of EDI in the pharmaceutical industry still lags far behind the grocery sector, which is led by Tesco and Sainsbury.

The BAPW is setting up a working party to look at electronic commerce in the pharmaceutical industry. Michael Watts said wholesalers cannot afford to stand still. "EDI is galloping apace and unless we become involved, we'll be at a disadvantage. We're partially there, but there's still some way to go," he said.



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Farillon urges checks on GP storage facilities

Farillon has urged the Royal Pharmaceutical Society to check whether GPs are storing vaccines at the right temperatures.

The wholesaler, which specialises in cold storage facilities for drugs, admitted that little was being done to check GPs' facilities, and added that such checks were hard to police. One delegate said local health authorities should perform the checks.

PIF has AIM flotation plans

PIF Medical Supplies, a Nottingham wholesaler, is inviting pharmacists to be shareholders as it prepares to float on the Alternative Investment Market by 2000.

The wholesaler has about 250 customers and could offer them loyalty bonus cards, which would enable them to build up points during their purchases. At the end of the year, the points could be converted into shares in PIF.

IT giants to acquire drug companies?

Giant information technology (IT) companies could acquire drug companies within the next 20 years, according to Dr Trevor Jones, director general of the Association of the British Pharmaceutical Industry.

Dr Jones commented that the companies, such as Hewlett Packard, could see drug companies as ideal subsidiaries if they become more involved in healthcare issues, such as patient records. Another option would be to form joint ventures with the drug companies.

These steps would be a by-product of the "IT revolution in healthcare". In future, a central fund of computer data could be used in a variety of areas, such as healthcare research, prescribing and [drug] guidelines.

He repeated the message he gave to the Ulster Chemists' Association's conference (*C&D* last week, p20) that smart card technology, linked to a 'home appliance computer', could provide:

- a printout of prescribing information
- a printout of any dispensing information
- a link between OTC and prescription [sales levels]
- repeat prescription reminders.

eg street terminals, similar to those run by banks, could allow consumers to punch in requests for repeat prescriptions without bothering the doctors.

Other potential innovations, which could be introduced in 2005, include bio-electronic monitors, a type of telemedicine, and lasers that beam healthcare information on the retina of the eye [a procedure currently being tested by various armies]. "This is not science fiction, but science fact," said Dr Jones. "The lead is being taken by the technology and the electronic industry."

The drug industry has to find out how it can profit from these technological leaps.



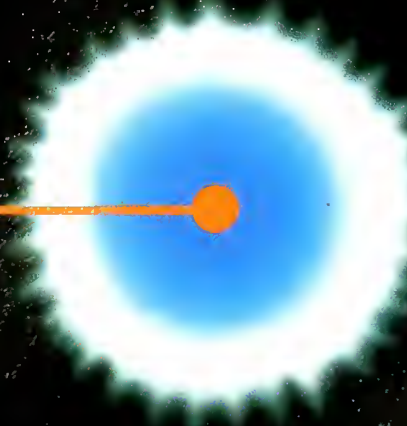
Dr Trevor Jones, ABPI director general

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 Seton Healthcare Group plc

Boots' Advantage goes national

Boots the Chemists has confirmed that it will be rolling out its Advantage loyalty card nationally later this year, probably in the autumn.

The card, which has been on trial in Plymouth and Norwich, uses computer chip technology rather than a magnetic strip.

Speculation suggests that Boots plans to use the customer database which the card will provide to move into the medical insurance market.

But Steve Russell, Boots' joint group managing director, refused to confirm how the company plans to employ the card during last week's annual results.

However, he did announce that the company was shifting the emphasis in its store opening programme. BTC plans to open 40 new outlets a year over the next two to three years, a quarter of which will be in edge of town positions, subject to availability of sites.

The company currently trades from eight out of town sites. The stores' performances have surpassed expectations, said Mr Russell, and 'cannibalisation' from nearby stores has been lower than expected.

However, he emphasised that the company's primary commitment remains to the High Street. NHS contracts will be sought for all new stores. Twenty-five new small outlets, three city centre units and five edge of town stores were opened during the year.

BTC's trading profits rose 10.8 per cent to \$426.5 million on turnover of \$3,313.5m for the year to March 31. Its sales grew 6.6 per cent.

NHS receipts accounted for 16 per cent of its turnover. Prescriptions dispensed were up 2.7 per cent in volume and 8.6 per cent in value. Boots maintained its NHS

market share at 12.6 per cent. Its own-brand dispensary range now consists of almost 120 lines.

Healthcare sales rose by 8.4 per cent, and sales of beauty and personal care products were up by 7.8 per cent. Strong sales of Boots No7 helped lift cosmetics sales by 19 per cent.

Gross margin improved by 0.3 per cent, with a particularly good showing in healthcare business and a reduction in the rate of stock losses.

BTC has opened two stores in Dublin and has plans to develop a chain of 25 outlets in the Irish Republic. The first pilot stores in the Netherlands and Thailand open later this month. Overseas investment last year totalled \$8.5m.

Boots Healthcare International posted a loss before exceptionals of \$6.6m. Its sales rose 21 per cent – at comparable exchange rates – to \$243.4m, and its brand investment grew 15.9 per cent to \$86.2m.

Boots deputy chairman Lord Blyth believes BHI offers significant growth potential, and said if a suitable OTC business came onto the market in Germany, he would be "there like a shot". However, there was "nothing major on the radar screen at present".

Boots' contract manufacturing sales grew 8.4 per cent to \$259.5m, led by a 32 per cent hike in its business with BHI and a 15.7 per cent increase with third parties. Its trading profit rose 27 per cent to \$21.2m (excluding exceptionals of \$1.8m).

Overseas acquisitions for BHI and BCM totalled \$134.3m in the past year.

Taking into account Halfords, Boots Opticians, AG Stanley and the Do It All business, the Boots Company posted profits up 12.5 per cent to \$571.1m after adding in exceptionals of \$34.9m. Sales



Steve Russell, Boots' joint group managing director

from continuing operations were up 13.8 per cent to \$4,565m.

Boots' chairman, Sir Michael Angus, said the company was making strenuous efforts to address problems which the millennium 'time bomb' might cause its computer systems.

Over 300 man-years of effort will be required to update systems across the group, he said, and warned that Boots will be liaising with suppliers to ensure that they, too, are on the case.

Sir Michael was optimistic about the future. "I have confidence in our ability to further increase shareholder returns."

BTC store breakdown

Total stores	1,258
Large stores	192
Small stores	1,050
Photocentres	5
Healthcentres	11
Selling area ('000 sq m)	559.3

Boots is handing back £400.5 million this week to shareholders who were on the register on June 4. This is in addition to the final dividend for the year to March 31 of 14.3p, which boosts the annual dividend 10.8 per cent to 20.5p.

The payout, equivalent to 44.2p per share, comes with a tax credit of £100m (a further 11p per share) for which clearance has been received from the Inland Revenue.

The special dividend is in line with Boots' stated policy of delivering shareholder value. Boots' deputy chairman, Lord Blyth, implied the company intended to continue to return funds.

The dividend is designed to help the company achieve a more efficient capital structure and reduces its pro forma ratio of debt to equity to 10.5 per cent.

It denies that the payment has been rushed through before the summer budget on July 2 (which may restrict tax credits on dividend payments), but the prompt payment has been well received by the City.

The special dividend, together with normal dividends and two share buybacks totalling £811m, means that Boots has returned more than £1.7 billion to shareholders in the past three years.

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The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details). Pharmacists aiming to complete CiCPM must register with Miller Freeman and pay a fee of £100 to cover the first half of the course. (Registrants must subscribe to C&D or be on Community Pharmacy's mailing list.) The ten modules provide 50 hours of learning, or

half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

Renaissance prepares UK assault

US cosmetic and fragrance giant Renaissance Cosmetics is planning an assault on the UK market after acquiring Mandate, Rapport, Le Jardin, Insignia, Navy and Incognito [the last two are US brands] from Procter & Gamble for \$42 million.

Renaissance acquired the brands on December 5, but P&G has been helping it to manage them because it did not have a UK office – until now. At the beginning of June, Renaissance set up a UK arm in Hounslow,

Middlesex, partly to market its newly-acquired portfolio and also to launch some of its US brands in the UK.

Al Dechellis, Renaissance's group vice president, says it will build up the former P&G brands. "Our strategy is to buy lines with very strong brand equity that may not have had the tender loving care that they deserve. With advertising support, we will ensure the brands fulfil their potential in the US and the UK," he says.

Renaissance, he adds, is set to launch its Nat Robbins cosmetic line in the UK, although a date has yet to be set.

Its UK arm is also evaluating which US fragrances to market in this country. Renaissance's top US lines include English Leather, Canoe, Navigator, Heaven Sent and Love's.

The US company's worldwide annual sales top \$300m and it has subsidiaries in Canada, Brazil and Argentina. Its products are distributed to about 45 countries.

Foster closes Carlisle depot

George Foster has closed its depot in Carlisle – one of three former Daniels' depots it bought from AAH/Lloyds – and sold its customers' list to the Border Chemist Alliance.

The depot's future had been uncertain ever since it was acquired. Foster has close links with the BCA – a major wholesaler in Cumbria – Ray Roberts, a Foster's director, is company secretary of the BCA and his company advised the fledgling wholesaler when it was being formed.

Foster, therefore, risked competing against BCA if it continued to run the depot.

Mr Roberts admits Foster's association with BCA was a factor in the closure. "We decided they [BCA] were ideally placed to serve the [Carlisle] customers," he says.

Most of the depot's 30 warehouse staff, including the depot manager, have been made redundant. The remainder have been offered alternative employment with AAH/Lloyds.

● BCA has recently been accepted as a member of the British Association of Pharmaceutical Wholesalers.

NCC tops 250 stores following its latest acquisitions

National Co-operative Chemists now has more than 250 outlets after acquiring 14 pharmacies from the Anglia Regional Co-operative Society for an undisclosed sum.

The new units, with 136 staff and a combined turnover of \$8 million, are located in Peterborough, Fakenham, St Ives, St Neots, Bourne, Wisbech, Kings Lynn, Stamford and Haverhill. All the staff, including the management, are being retained.

"These are substantial businesses and fit in extremely well

with our existing pattern of branches," says Roy Carrington, NCC's superintendent pharmacist and chief executive officer.

"They have a great deal of potential and we shall be introducing our own systems and procedures as quickly as possible. I am confident they will make a significant contribution to the Society," he says.

On the same day as the Anglia transfer took place, NCC obtained a private business in Osset, West Yorkshire, and opened a \$100,000 purpose-built

pharmacy adjacent to a local health centre in Pontycymmer, South Wales.

NCC announced a record year for sales and profits last month. Turnover reached \$116m and the trading surplus was \$4.75m.

The company has been growing through a policy of acquisition for more than ten years, but, Mr Carrington stresses, it is still keen to expand beyond the 251 branches it now operates and is actively seeking businesses in the private and the co-operative sectors.

Amersham/Pharmacia & Upjohn mergers

Amersham International and Pharmacia & Upjohn are to create the world's largest biotechnology supply business by merging their life science and biotechnology subsidiaries.

Amersham Life Science and Pharmacia Biotech will form Amersham Pharmacia Biotech. Based on its historic turnover, the company's annual sales would be about \$130 million.

Its research and development spending should exceed \$40m –

one of the highest in the biotech supplier industry.

Amersham says APB will use its global scale, technological expertise and manufacturing and distribution facilities to be a leader in supplying genomics, drug discovery services, laboratory and industrial separation and industrial DNA synthesis.

News of the merger lifted Amersham's shares 131.5p to a record \$14.82, valuing the company at \$874m.

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Nucare's ranks have swelled to 1,040 members after signing up 41 more outlets. It plans to have 2,000 by the year 2000. Matthew Bridgman, of Bridgman's Pharmacy in Woodingdean, Brighton, celebrates with some bubbly after becoming the 1,000th member. Nucare's business development manager, Mike Shears (right), and territory manager, Peter Manser (left), present Mr Bridgman with his champagne

Sunny prospects for more growth

The latest batch of business indicators provides further evidence of a High Street spending spree that looks set to require even more constraint by Government, the Bank of England, or both.

Official estimates for the first quarter of this year indicate that consumer spending surged to a level 6.2 per cent higher than a year before, while separate figures from the Office for National Statistics show that the volume of retail sales increased by 4.7 per cent in the year to April.

Evidence from the British Retail Consortium confirms that in the chemist and beauty sector fragrances and cosmetics continued to sell well, together with sun lotions and sun glasses. Increased sales of hayfever treatments helped compensate for reduced business in cough and cold remedies, and analgesics.

April's increase in overall High Street activity was the strongest since November, according to the Confederation of British Industry's monthly survey.

Looking to the future, consumer spending fundamentals remain healthy, with real increases in take-home pay, sharp falls in unemployment, moderate interest rates, building society pay-outs and improved consumer confidence. An indicator of the future health of the consumer sector, calculated by Henley-based economist NTC, rose for the fourth successive month in April to its highest level since the index was started in July, 1980.

Consumer outlays will grow by 4.4 per cent this year and by a fur-

ther 3.5 per cent next year in the view of the CBI in its first post-election forecast. Kate Barker, the organisation's chief economic adviser, predicts that the UK will enjoy "a sunny prospect of robust economic growth and relatively low inflation over the next two years".

The CBI expects the Bank of England to raise interest rates from 6.25 per cent to 6.5 per cent by the third quarter of this year, and 6.75 per cent in the fourth quarter. Next year, rates are predicted to increase further to 7 per cent. Inflation is forecast to fall well below the official target of 2.5 per cent this year.

But the picture of buoyant consumer demand is in stark contrast to the manufacturing sector, which is struggling to overcome currency-induced weakness in export sales.

Production fell by 0.2 per cent between the two latest quarters in the overall chemicals and man-made fibre sector, but British manufacturers' total home and overseas sales of pharmaceutical products improved by 3.6 per cent, while perfumes, toiletries and cosmetic production was up by 3.8 per cent.

The cost of manufacturers' raw materials (apart from the more volatile ones purchased by the food, beverages, tobacco and petroleum sectors) fell by 8.2 per cent in the year to April – the largest annual fall since November, 1986.

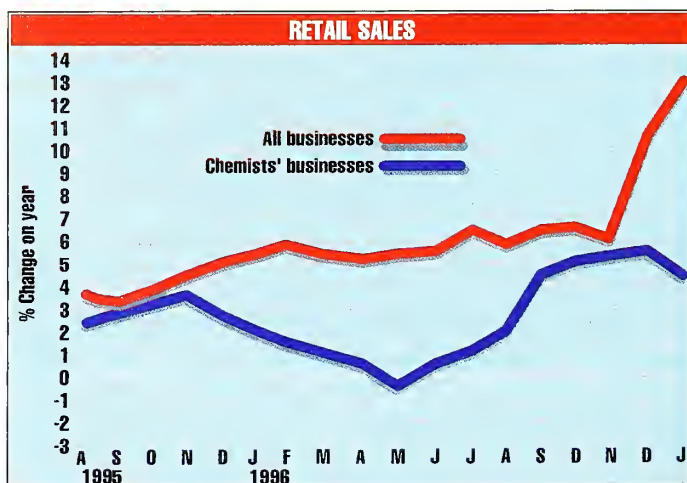
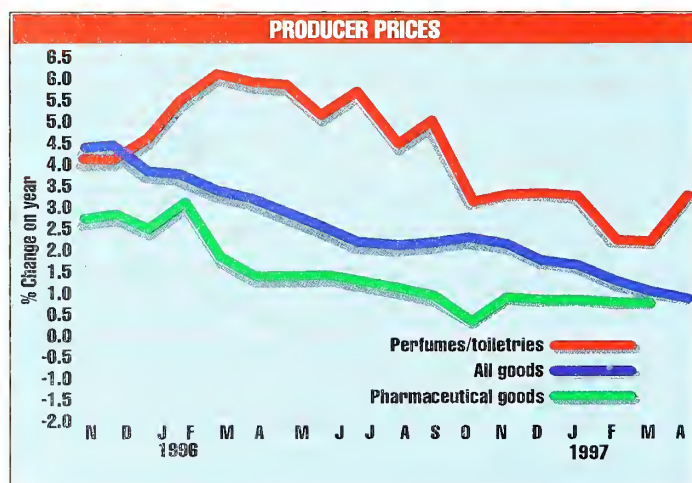
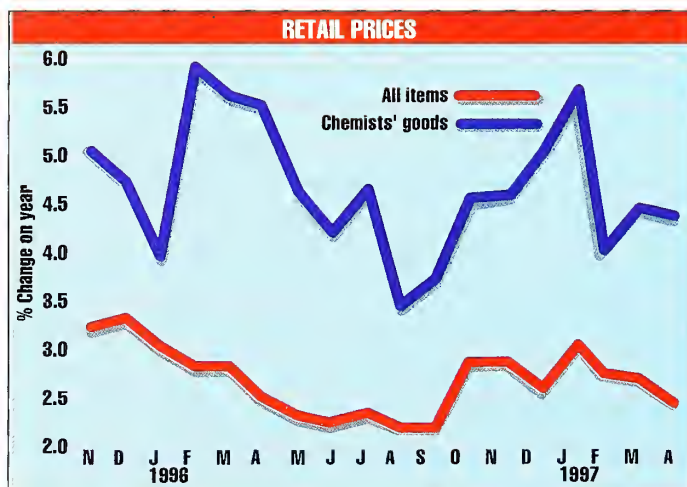
Pharmaceuticals and toiletry manufacturers saw their input material costs decline by 3.7 per cent and 3.5 per cent respectively. But at the factory gate

	Latest	% change on previous period	% change on previous 3 periods	% change on year
PRICES AND COSTS				
Retail prices				
All items	Apr	0.6	1.2	2.4
Chemists' goods	Apr	0.9	1.9	4.3
Producer prices				
Manufacturing industry, exc food	Apr	0.1	0.4	0.5
Chemical industry	Apr	0.3	0.3	-0.3
Pharmaceuticals	Apr	na	na	na
Perfumes and toilet preparations	Apr	0.8	1.6	3.2
Lip and eye make-up preps	Apr	2.3	5.0	8.8
Dental and oral hygiene preps	Apr	0.0	2.2	2.8
Shaving preps, deodorants	Apr	0.0	1.1	1.5
Adhesive dressings	Apr	4.8	5.6	6.4
Average earnings				
Whole economy	Mar	-3.8	3.4	4.6
Chemicals, chemical products	Mar	10.1	6.7	4.2
OUTPUT				
Chemicals, man-made fibres	Q1	-0.2	0.0	1.0
Pharmaceutical products	Q1	3.6	1.6	0.1
Perfumes, cosmetics, toiletries	Q1	3.8	1.6	8.5
SALES				
Consumer expenditure (current prices)				
Total, £bn	Q1	1.0	2.5	3.5
Retail sales (value, 1990 = 100)				
All retail businesses	Apr	1.8	7.0	5.7
Chemists	Feb	-1.4	-3.4	14.4
OTHER BUSINESS INDICATORS				
Consumer credit – net lending (£m)	Mar	-34.6	-18.6	-8.3
Unfilled vacancies ('000)	Apr	0.1	4.8	39.9
Claimant unemployment (%)	Apr	-3.5	-9.0	-24.3

Sources: Central Statistical Office, Department of Employment

prices of toiletries were 3.2 per cent higher than a year ago. Official data is not yet available for pharmaceuticals prices in April, but they increased by just 0.7 per

cent in the year to March. At the retail counter, chemists' goods cost an average of 4.3 per cent more in April than 12 months earlier.



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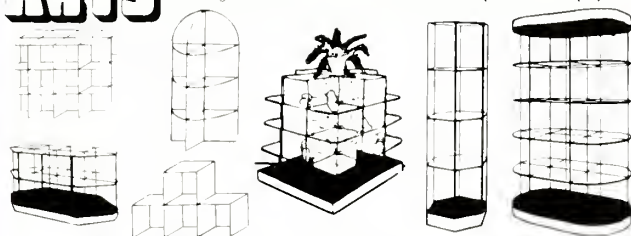


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ABOUT people

Time to lay down the law

Pharmacist Ruth Rodgers, previously head of ethics at the Royal Pharmaceutical Society's law department and a regular contributor to *C&D's Pharmacy Update*, has taken her interest in the law a step further.

She has been sworn in as a magistrate at Maidstone County Hall, Kent. Ruth's training includes a visit to one of Her Majesty's prisons and a four-day observational course on the magistrates system in action.

When her induction training

finishes on July 11, she will be able to give fines or a maximum six-month custodial sentence to offenders, depending on the severity of the offence.

Ruth had to undergo several interviews before the lord chancellor's advisory committee approved her selection.

To remain eligible to be a magistrate, Ruth must listen to cases at least once a fortnight. She has been appointed to the Kent County Commission, and will sit on the Maidstone bench along-

side two other magistrates.

Magistrates do not have legal backgrounds, so a legally-qualified court clerk sits in on hearings to advise them on points of law.

"Ethics and law are rather different, as I'm discovering," she says.

● The title of justice of the peace has been recognised from 1361, and can be traced back as far as 1195. There are 40 JPs in Maidstone, and over 30,000 in England and Wales.

Oshwal charity walk

The Oshwal pharmacists are holding a 10km charity walk on June 29 to raise money for three charities.

The organisers hope that \$20,000 will be raised for the British Heart Foundation, the National Osteoporosis Society and for the Veerayatan Eye Hospital. They estimate that 300 walkers will take part, 100 of them being pharmacists.

The walk starts and finishes at the Oshwal Centre, Coopers Lane, Northaw, Potters Bar, heading towards Cuffley before turning back. Registration begins at 8.30am and the walk at 10.00am.

On completion, all participants will be presented with a free gift and a certificate, and under-16s will receive trophies. Competitors can also have a hot meal. For further information or to take part in the event contact 0181 446 6604 (daytime) or 0181 449 7733 (evenings).

APPOINTMENTS

Joe McCrea has been confirmed as special adviser to Frank Dobson, the secretary of state for health. Mr McCrea has worked as an adviser to Mr Dobson in the Shadow Cabinet since September, 1993.

Benevia, the division of Monsanto marketing Nutrasweet, is restructuring its UK management team. **Laura Church** has been appointed marketing manager, **Allan Huddart** becomes national sales manager and **Nigel Richards** is trade marketing controller. All three will report to **David Phipp**, general manager UK/Ireland.

Philips DAP has promoted national account director **Mark Conroy** to sales director.

Moss Chemists has appointed **Steve Duncan** as retail operations director. **Anna Hussey** has been appointed marketing director. She developed her retail expertise working for Boots the Chemists, Daniels Pharmaceuticals and Retail Remedies.

The College of Pharmacy Practice has appointed **Jayne Wood**, deputy chief pharmacist at Fazackerley Hospital in Liverpool, as the new regional adviser for the Mersey area. CPP members in the Mersey area can contact Jayne on 0151 529 2218.



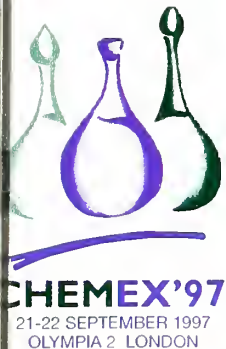
Pharmacy assistant **Debra Sullivan** from C & L F Davy in Sunderland is celebrating a champagne success after completing *C&D's* Cambridge Counterpart course. Debra has worked for the group, Leadbetters of Sunderland, for six years. L-r: pharmacist Julie Topping, Debra and Rachel Moverley from Whitehall Laboratories



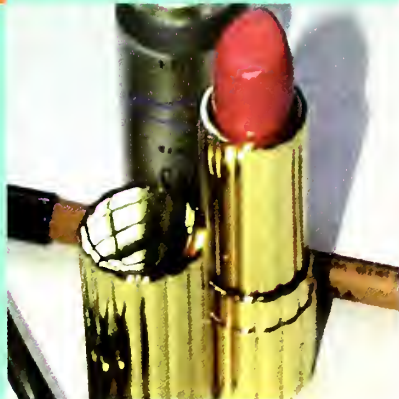
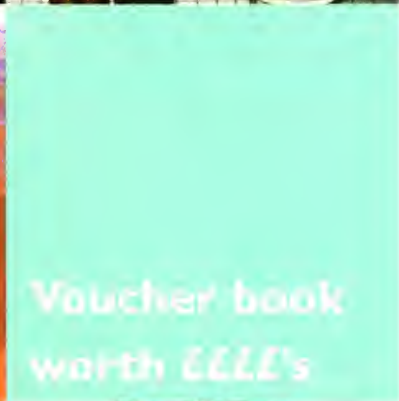
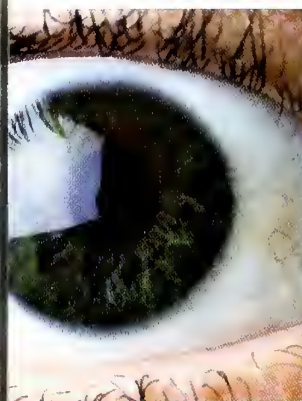
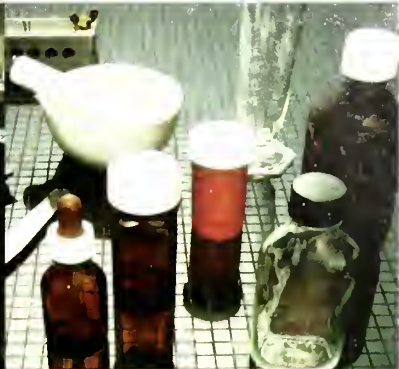
Moss Chemists has raised £33,000 for its 1996 charity, Action Against Breast Cancer. Moss branches nationwide sold pin badges to help raise the money. The company's training and personnel director, Caryl Webb, presents Dr Anthony Leatham, the AABC's research programme director, with the cheque



Staff from **Whitehall Laboratories** spelled out their success after winning a Government-funded 'Investors in People' award. The company has implemented a range of new communication, training and development programmes for employees. This year has seen **Whitehall** launch **Advil**, the popular US pain reliever, and **Centrum**, a multi-vitamin, multi-mineral product



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